



**2010**

**Behavioral Risk Factor Surveillance System  
Questionnaire**

**Massachusetts - 4869**

**September 24, 2010**

# Behavioral Risk Factor Surveillance System 2010 Draft Questionnaire - Massachusetts #4869

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#### CATI RANDOMLY ASSIGNED SPLIT

1. Split 1
2. Split 2
3. Split 3

## Interviewer's Script

HELLO, I am calling for the **Massachusetts Department of Public Health**. My name is       (name)      . We are gathering information about the health of **Massachusetts** residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

CATI NOTE: Don't Know and Refused answer codes should be present only where specified in this script; do not add codes for Don't Know or Refused.

**CTELENUM** Is this      (phone number)      ?

1. Yes **GO TO PVTRESID**
2. No
7. (VOL) Don't Know/Not Sure
9. (VOL) Refused

**If "No", "Don't Know", "Refused"**

**SOCTEL** Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

**PVTRESID** Is this a private residence in **Massachusetts**?

Pvtresid

1. Yes **GO TO CELLPH**
2. No

**If "No"**

**SOPVTRES** Thank you very much, but we are only interviewing private residences in **Massachusetts** . **STOP**

**CELLPH** Is this a cellular telephone?

**[Read only if necessary: "By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood."**

Cellphon1

1. Yes
2. No

**CATI DUMMY QUESTION: AUTOPUNCH RESPONSE TO 'CELLFON'. IF CELLPH=1 (YES), CELLFON=2 (YES). IF CELLPH=2 (NO), CELLFON=1 (NO).**

**CELLFON**

- 1 No, not a cellular telephone. **GO TO RESPONDENT SELECTION**
- 2 Yes **SCREEN-OUT**

**SOCEL FON** Thank you very much, but we are only interviewing land line telephones and private residents.

1 S/O CELLULAR PHONE

## RESPONDENT SELECTION

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

**NUMADULT**              Number of adults

Nadults

**If NUMADULT = 1, ASK:**  
**NMADLT1** Are you the adult?

**If "yes,"**

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary).

**If "no,"**

Is the adult a man or a woman? Enter 1 man (in NUMMEN) or 1 woman (in NUMWOMEN) below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent".**

- **IF NUMADULT=2, 3, or 4, GO TO NUMMEN**

- **IF NUMADULT>4, ASK**

**PNMADULT**

Are they all 18 years of age or older, and all are currently living in the household, and the household is not a group home or institution.

1 Yes **GO TO NUMMEN**

2 No **GO BACK TO NUMADULT AND RE-ASK IT**

9 (VOL) Refused **GO TO NUMMEN**

**NUMMEN**    How many of these adults are men?

Numen

Nuwomen

          Number of men

**NUMWOMEN**    How many of these adults are women?

          Number of women

**IF NUMMEN+NUMWOMEN DOES NOT EQUAL NUMADULT, WE NEED TO RE-ASK THE QUESTIONS. DISPLAY THE FOLLOWING TEXT SCREEN, THEN GO BACK TO NUMMEN:**

[INTERVIEWER: THE TOTAL NUMBER OF ADULTS IS NOT EQUAL TO NUMBER OF MEN AND WOMEN. PLEASE RE-ASK QUESTIONS.]

1. Continue **GO BACK TO NUMMEN**

- **IF NUMADULT<5 AND NUMWOMEN<3 AND NUMMEN<3, RANDOMLY SELECT ONE OF THE HOUSEHOLD ADULTS, THEN SAY:**

**RNAME** The person in your household that I need to speak with is the (first/second) (male/female) adult.

[CATI: this should display as a text screen and then go to INTRO1]

- IF NUMADULT>4 OR NUMMEN>2 OR NUMWOMEN>2, ASK “ALLNA” TO GET THE NAMES OF EACH ADULT IN THE HOUSEHOLD. REFER TO NUMMEN AND NUMWOMEN TO DETERMINE HOW MANY OF EACH SEX TO ASK FOR A NAME (0 TO 10).

(IF NUMMEN=1-10) ASK FOR THE NAME OF THE “OLDEST MALE”, THEN THE “SECOND OLDEST MALE, THEN “THIRD OLDEST MALE”, ETC.

(IF NUMWOMEN=1-10) ASK FOR THE NAME OF THE “OLDEST FEMALE”, THEN THE “SECOND OLDEST FEMALE, THEN “THIRD OLDEST FEMALE”, ETC.

**ALLNA**

Could you please name all the (male/female) members of the household from oldest to youngest?

[ENTER NAME OF \_\_\_\_ OLDEST (MALE/FEMALE) ADULT]

**AFTER ALL NAMES HAVE BEEN ENTERED, RANDOMLY SELECT ONE OF THE HOUSEHOLD ADULTS, THEN SAY:**

**RNAME** The person in your household that I need to speak with is (display name of selected adult).

[CATI: this should display as a text screen and then go to INTRO1]

**INTRO1** May I speak with (him/her)?

- |   |                                              |
|---|----------------------------------------------|
| 1 | Continue                                     |
| 2 | Callback                                     |
| 3 | (VOL) Refused                                |
| 4 | Not available duration                       |
| 5 | Language barrier / not Spanish               |
| 6 | Physical / Mental incapacity / health / deaf |
| 7 | Screen out location                          |

**To the correct respondent:**

HELLO, I am calling for the **Massachusetts Department of Public Health**. My name is (name). We are gathering information about the health of **Massachusetts** residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

## Core Sections

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call 877-286-6318.

### Section 1: Health Status

---

**GENHLTH** Would you say that in general your health is—

(73)

HLth1

**Please read:**

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

**Or**

- 5 Poor

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

### Section 2: Healthy Days — Health-Related Quality of Life

---

**PHYSHLTH** Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

(74–75)

HLth4

- 8 8 Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

**MENTHLTH**

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Hlth5

(76–77)

- — Number of days  
 8 8 None **[If PHYSHLTH and MENTHLTH = 88 (None), go to next section]**  
 7 7 Don't know / Not sure  
 9 9 Refused

**POORHLTH**

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

Hlth6

(78–79)

- — Number of days  
 8 8 None  
 7 7 Don't know / Not sure  
 9 9 Refused

## Section 3: Health Care Access

**HLTHPLAN**

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

Hins1

(80)

- 1 Yes  
 2 No  
 7 Don't know / Not sure  
 9 Refused

## State-Added 3a: MA Health Care Access [Splits 1, 2, 3]

{CATI: If HLTHPLAN=1, continue; Else go to pre-HINS13}

**HINS7**

Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare?

(501)

Hins7

- 1 Yes **[Go to PERSDOC2]**  
 2 No  
 7 Don't know/Not sure  
 9 Refused

**HINS8A**

What type of health care coverage do you use to pay for most of your medical care? Is it coverage through:

(502-503)

Hins8a

**Please read**

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid, MassHealth, CommonHealth or MassHealth HMOs offered through Neighborhood Health Plan, Fallon Community Health Plan, BMC HealthNet or Network Health
- 09 Commonwealth Care
- 06 The military, CHAMPUS, TriCare or the VA [or CHAMP-VA]
- 07 The Indian Health Service [or the Alaska Native Health Service]

**Or**

- 08 Some other source

**Do not read**

- 88 None
- 77 Don't know/Not Sure
- 99 Refused

**pre-HINS13 - {All from HINS8A go to PERSDOC2, all else continue}**

**HINS13**

There are some types of coverage that you may not have considered. Please tell me if you have any of the following:

(504-505)

Hins13

**[Please read]**

Coverage through:

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid, MassHealth, CommonHealth or MassHealth HMOs offered through Neighborhood Health Plan, Fallon Community Health Plan, BMC HealthNet or Network Health
- 09 Commonwealth Care
- 06 The military, CHAMPUS, TriCare or the VA [or CHAMP-VA]
- 07 The Indian Health Service [or the Alaska Native Health Service]

**Or**

- 08 Some other source

**Do not read**

- 88 None
- 77 Don't know/Not Sure
- 99 Refused

## Section 3: Health Care Access, Continued

**PERSDOC2** Do you have one person you think of as your personal doctor or health care provider?

Hins6a

If “No,” ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?”

(81)

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

**MEDCOST** Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

Hins5

(82)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**CHECKUP1** About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

Chkup1

(83)

- 1 Within past year (anytime less than 12 months ago)
- 2 Within past 2 years (1 year but less than 2 years ago)
- 3 Within past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

## State-Added 3a: MA Health Care Access, Continued [Splits 1, 2, 3]

**OTHVISIT** Have you seen a doctor or other healthcare professional in the past 12 months for any reason other than a checkup? This includes visits to your primary care physician for any reason other than a checkup, a specialist such as eye doctor, surgeon, allergy doctor etc. Please do not include visits to a hospital emergency room, home visits, dental visits or telephone calls.

OthVisit

- 1 Yes
- 2 No

7 Don't know / Not sure  
9 Refused

**{CATI: If CHECKUP1 = 1 or OTHVISIT=1 Continue; Else go to next section}**

**WAIT**

Wait

Thinking about your most recent visit to a doctor, specialist or other healthcare professional, how long did you have to wait between when the appointment was made and when the appointment actually occurred?

1 Less than or equal to one week  
2 More than one week but less than or equal to 1 month  
3 More than 1 month but less than or equal to 3 months  
4 More than 3 months but less than or equal to 6 months  
5 More than 6 months but less than or equal to 12 months  
6 More than one year  
7 Don't know  
9 Refused

## Section 4: Sleep

---

The next question is about getting enough rest or sleep.

**QLREST2**

During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

(84-85)

Dayslp

Number of days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

## Section 5: Exercise

---

**EXERANY2**

During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

Ex1

(86)

1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

## Section 6: Diabetes

**DIABETE2** Have you ever been told by a doctor that you have diabetes?

Diab1

**If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”**

**If respondent says pre-diabetes or borderline diabetes, use response code 4.**

(87)

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

## Section 7: Oral Health

**LASTDEN3** How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

Oral1

(88)

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

**Do not read:**

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

**RMVTETH3** How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

Oral3

**NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.**

(89)

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 Don't know / Not sure
- 9 Refused

**CATI note: If LASTDEN3= 8 (Never) or RMVTETH3 = 3 (All), go to next section.**

**DENCLEAN** How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (90)

Oral5

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

**Do not read:**

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

## Section 8: Cardiovascular Disease Prevalence

---

Now I would like to ask you some questions about cardiovascular disease.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

**CVDINFR4** (Ever told) you had a heart attack, also called a myocardial infarction? (91)

Cardo3a

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**CVDCRHD4** (Ever told) you had angina or coronary heart disease? (92)

Cardo3b

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**CVDSTRK3** (Ever told) you had a stroke? (93)

Cardo3c

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

## Section 9: Asthma

---

**ASTHMA2** Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (94)

- |          |   |                       |                      |
|----------|---|-----------------------|----------------------|
| Asthma1a | 1 | Yes                   |                      |
|          | 2 | No                    | [Go to next section] |
|          | 7 | Don't know / Not sure | [Go to next section] |
|          | 9 | Refused               | [Go to next section] |

**ASTHNOW** Do you still have asthma? (95)

- |         |   |                       |
|---------|---|-----------------------|
| Asthma4 | 1 | Yes                   |
|         | 2 | No                    |
|         | 7 | Don't know / Not sure |
|         | 9 | Refused               |

## Section 10: Disability

---

The following questions are about health problems or impairments you may have.

**QLACTLM2** Are you limited in any way in any activities because of physical, mental, or emotional problems? (96)

- |     |   |                       |
|-----|---|-----------------------|
| Q11 | 1 | Yes                   |
|     | 2 | No                    |
|     | 7 | Don't know / Not Sure |
|     | 9 | Refused               |

**USEEQUIP** Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (97)

- |        |                                                                |                       |
|--------|----------------------------------------------------------------|-----------------------|
| Disb15 | <b>Include occasional use or use in certain circumstances.</b> |                       |
|        | 1                                                              | Yes                   |
|        | 2                                                              | No                    |
|        | 7                                                              | Don't know / Not Sure |
|        | 9                                                              | Refused               |

## State-Added 10a: Disability [Splits 1, 2, 3]

{If QLACTLM2 = 1, go to DISB5. Else go to DISB2}

### DISB5

What is the farthest distance you can walk by yourself, without any special equipment or help from others?

Disb5

(812)

#### PLEASE READ

- 1 Not any distance
- 2 Across a small room
- 3 About the length of a typical house
- 4 About one or two city blocks
- 5 About one mile

-or-

- 6 More than one mile

#### Do not read:

- 7 Don't know / Not sure
- 9 Refused

### DISB2

Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating?

Disb2

(813)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

{If QLACTLM2 = 1 or USEEQUIP = 1 or DISB2 = 1 go to Q13. Else, go to DISB2A}

### DISB2A

A disability can be physical, mental, emotional, or communication-related. Would you describe yourself as having a disability of any kind?

Disb2a

(814)

- 1 Yes
- 2 No [go to next section]
- 7 Don't know / Not sure [go to next section]
- 9 Refused [go to next section]

### Q13

For how long have your activities been limited because of your major impairment, health problem or disability?

Q13

(817-819)

- 1 \_\_\_ Days
- 2 \_\_\_ Weeks
- 3 \_\_\_ Months
- 4 \_\_\_ Years
- 7 7 7 Don't know/Not Sure
- 9 9 9 Refused

**Q14**

Q14

Because of any impairment, health problem or disability, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

(820)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

**Q15**

Q15

Because of any impairment, health problem or disability, do you need the help of other persons with your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

(821)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

## Section 11: Tobacco Use

**SMOKE100**

Have you smoked at least 100 cigarettes in your entire life?

(98)

Smk1

**NOTE: 5 packs = 100 cigarettes**

- 1 Yes
- 2 No [Go to USENOW3]
- 7 Don't know / Not sure [Go to USENOW3]
- 9 Refused [Go to USENOW3]

**SMOKDAY2**

Do you now smoke cigarettes every day, some days, or not at all?

(99)

Smk2

- 1 Every day
- 2 Some days
- 3 Not at all [Go to LASTSMK1]
- 7 Don't know / Not sure [Go to USENOW3]
- 9 Refused [Go to USENOW3]

**STOPSMK2**

During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

(100)

Smk4f

- 1 Yes [Go to USENOW3]
- 2 No [Go to USENOW3]
- 7 Don't know / Not sure [Go to USENOW3]
- 9 Refused [Go to USENOW3]

**CATI note: If SMOKDAY2 = 3 (Not at all); continue. Otherwise, go to USENOW3.**

**LASTSMK1** How long has it been since you last smoked cigarettes regularly? (101-102)

- |       |     |                                                                |
|-------|-----|----------------------------------------------------------------|
| Smk5a | 0 1 | Within the past month (less than 1 month ago)                  |
|       | 0 2 | Within the past 3 months (1 month but less than 3 months ago)  |
|       | 0 3 | Within the past 6 months (3 months but less than 6 months ago) |
|       | 0 4 | Within the past year (6 months but less than 1 year ago)       |
|       | 0 5 | Within the past 5 years (1 year but less than 5 years ago)     |
|       | 0 6 | Within the past 10 years (5 years but less than 10 years ago)  |
|       | 0 7 | 10 years or more                                               |
|       | 0 8 | Never smoked regularly                                         |
|       | 7 7 | Don't know / Not sure                                          |
|       | 9 9 | Refused                                                        |

**USENOW3** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (103)

Chew2b	<b>Snus (rhythms with 'goose')</b>
--------	------------------------------------

**NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.**

- |   |            |
|---|------------|
| 1 | Every day  |
| 2 | Some days  |
| 3 | Not at all |

**Do not read:**

- |   |                       |
|---|-----------------------|
| 7 | Don't know / Not sure |
| 9 | Refused               |

## Section 12: Demographics

---

**AGE** What is your age? (104-105)

- |     |     |                       |
|-----|-----|-----------------------|
| Age |     | Code age in years     |
|     | 0 7 | Don't know / Not sure |
|     | 0 9 | Refused               |

**HISPANC2** Are you Hispanic or Latino? (106)

- |          |   |                       |
|----------|---|-----------------------|
| Hispanic | 1 | Yes                   |
|          | 2 | No                    |
|          | 7 | Don't know / Not sure |
|          | 9 | Refused               |

**MRACE**

Which one or more of the following would you say is your race?

(107-112)

Mrace1

Mrace2

Mrace3

Mrace4

Mrace5

Mrace6

**(Check all that apply)**

**Please read:**

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

**Or**

- 6 Other [specify] \_\_\_\_\_

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

**Mrace1\_6 =**  
Multiple  
Race Info

**CATI note: If more than one response to MRACE continue. Otherwise, go to pre-ANCESTRY.**

**ORACE2**

Which one of these groups would you say best represents your race?

Orace2

**List only responses given at MRACE**

(113)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify] \_\_\_\_\_

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

## State-Added 12a: Race/Ethnicity [Splits 1, 2, 3]

pre- ANCESTRY: {If HISPANC2 = 1 or MRACE = 3, Go to ANCESTRY; else go to VETERAN2}

**ANCESTRY** Which best describes your ancestry or heritage? Would you say ...{If HISPANC2 = 1, please read 1,2,3,4,6,12,13; Else if MRACE = 3, please read 5,6,8,10,11,15,14; Else if HISPANC2=1 AND MRACE=3, please read 1-11, 15, 12-14} (506-507)

Ancestry

**Please read:**

- 01 Puerto Rican
- 02 Dominican
- 03 Mexican
- 04 Salvadorian
- 05 Chinese
- 06 Filipino
- 08 Cambodian
- 10 Vietnamese
- 11 Japanese
- 15 Indian (Asian)

**Or**

- 12 Other Central American [specify: \_\_\_\_\_]
- 13 Other South American [specify: \_\_\_\_\_]
- 14 Other Asian [specify: \_\_\_\_\_]

**Do not read**

- 77 Don't Know/Not Sure
- 99 Refused

## Section 12: Demographics, Continued

**VETERAN2** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

Military

(114)

**If "Yes", please read:**

- 1 Yes, now on active duty
- 2 Yes, on active duty during the last 12 months, but not now
- 3 Yes, on active duty in the past, but not during the last 12 months

**If "No", please read:**

- 4 No, training for Reserves or National Guard only
- 5 No, never served in the military

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

**MARITAL**

Are you...?

(115)

Mrtl

**Please read:**

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

**Or**

- 6 A member of an unmarried couple

**Do not read:**

- 9 Refused

**CHILDREN**

How many children less than 18 years of age live in your household?

(116-117)

Chage1

- — Number of children
- 8 8 None
- 9 9 Refused

**EDUCA**

What is the highest grade or year of school you completed?

(118)

Educ

**Read only if necessary:**

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

**Do not read:**

- 9 Refused

**EMPLOY**

Are you currently...?

(119)

Empl

**Please read:**

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired

**Or**

- 8 Unable to work

**Do not read:**

- 9 Refused

**INCOME2**

Is your annual household income from all sources—

(120-121)

IncM

**If respondent refuses at ANY income level, code '99' (Refused)**

**Read only if necessary:**

- 0 4    Less than \$25,000    **If “no,” ask 05; if “yes,” ask 03**  
(\$20,000 to less than \$25,000)
- 0 3    Less than \$20,000    **If “no,” code 04; if “yes,” ask 02**  
(\$15,000 to less than \$20,000)
- 0 2    Less than \$15,000    **If “no,” code 03; if “yes,” ask 01**  
(\$10,000 to less than \$15,000)
- 0 1    Less than \$10,000    **If “no,” code 02**
- 0 5    Less than \$35,000    **If “no,” ask 06**  
(\$25,000 to less than \$35,000)
- 0 6    Less than \$50,000    **If “no,” ask 07**  
(\$35,000 to less than \$50,000)
- 0 7    Less than \$75,000    **If “no,” code 08**  
(\$50,000 to less than \$75,000)
- 0 8    \$75,000 or more

**Do not read:**

- 7 7    Don't know / Not sure
- 9 9    Refused

**WEIGHT2**

About how much do you weigh without shoes?

(122-125)

Wght

Wtkg

**Note: If respondent answers in metrics, put “9” in column 122.  
Round fractions up**

- — — —    Weight  
(pounds/kilograms)
- 7 7 7 7    Don't know / Not sure
- 9 9 9 9    Refused

**HEIGHT3** About how tall are you without shoes?

(126-129)

Hght

**NOTE: If respondent answers in metrics, put "9" in column 126.  
Round fractions down**

\_\_ / \_\_ Height  
(ft / inches/meters/centimeters)  
7 7 / 7 7 Don't know / Not sure  
9 9 / 9 9 Refused

## State-Added 12b: City/Town [Splits 1,2,3]

**TOWN** What city or town do you live in?

(508-510)

Town

\_\_ \_\_ Town code [001-351]  
8 8 8 OTHER: [SPECIFY: \_\_\_\_\_]  
7 7 7 Don't Know/Not Sure  
9 9 9 Refused

**[Please Note: ALLSTON, BRIGHTON, BACK BAY, BEACON HILL, CHARLESTOWN, DORCHESTER, E. BOSTON, FENWAY, HYDE PARK, JAMAICA PLAIN, MATTAPAN, ROSLINDALE, ROXBURY, MISSION HILL, S. BOSTON, W. ROXBURY=BOSTON]**

**IF TOWN=777, 888, OR 999, SKIP TO ZIPCODE. ELSE CONTINUE**

**CATI: COMPARE TOWN ASSOCIATED AREA CODE (MASS DPH LOGIC) TO SAMPLE AREA CODE (see 2009 4607 MA BRFSS survey). IF THE AREA CODES AGREE, CONTINUE TO ZIPCODE. IF THEY DO NOT AGREE, ASK RESPONDENT ACCNFRM.**

**ACCNFRM** I would like to confirm some information. You live in **[TOWN RESPONSE]** and your telephone number is **[PHONE]**, are these correct?

- |   |                     |                               |
|---|---------------------|-------------------------------|
| 1 | Yes, both correct   | <b>GO TO ZIPCODE</b>          |
| 2 | No, town Incorrect  | <b>RE-ASK TOWN</b>            |
| 3 | No, phone Incorrect | <b>S/O WRONG PHONE NUMBER</b> |

## Section 12: Demographics, Continued

**(DATA PROCESSING NOTE: CDC permits MA BRFSS to ask TOWN in lieu of the core COUNTY. When submitting data to CDC, make sure that this is converted to MA county; otherwise, PC Edits will not accept it.)**

**CTYCODE** What county do you live in?

(130-132)

\_\_\_\_ FIPS county code  
7 7 7 Don't know / Not sure  
9 9 9 Refused

**ZIPCODE** What is your ZIP Code where you live?

(133-137)

Zipcode

7 7 7 7 7  
9 9 9 9 9

ZIP Code  
Don't know / Not sure  
Refused

## NUMHHOL2

Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

Tels2

1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

[Go to TELSERV2]

[Go to TELSERV2]

[Go to TELSERV2]

(138)

## NUMPHON2

How many of these telephone numbers are residential numbers?

Telres1

7 Residential telephone numbers [6 = 6 or more]  
7 Don't know / Not sure  
9 Refused

(139)

## TELSERV2

During the past 12 months, has your household been without landline telephone service for 1 week or more? Do not include interruptions of landline telephone service because of weather or natural disasters.

Telres2

1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

(140)

## [CELL PHONE QUESTIONS]

### CPDEMO1

Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

Cellph1

1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

[Go to CPDEMO3]

(141)

### CPDEMO2

Do you share a cell phone for personal use (at least one-third of the time) with other adults?

Cellph2

1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

[Go to CPDEMO4]

[Go to SEX]

[Go to SEX]

[Go to SEX]

(142)

**CPDEMO3** Do you usually share this cell phone (at least one-third of the time) with any other adults? (143)

Cellph3

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**CPDEMO4** Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone? (144-146)

Cellph4

- Enter percent (1 to 100)
- 8 8 8 Zero
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**SEX** Indicate sex of respondent. Ask only if necessary. (147)

Sex

- 1 Male [Go to next section]
- 2 Female [If respondent is 51 years old or older, go to next section]

**PREGNANT** To your knowledge, are you now pregnant? (148)

Preg1

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

## State-Added 12c: Sexual Orientation [Splits 1, 2, 3]

**CATI: DELETE CONDITIONAL, ASK ALL RESPONDENTS (1/12/2010)**  
~~pre-SEXO1: {If AGE=7,9,18-64, continue; If AGE>64, go to Next Section}~~

**SEXO1** Do you consider yourself to be: (511)

Sexo1

- Please read**
- 1 A) Heterosexual or straight
  - 2 B) Homosexual or [if respondent is male read "gay"; if female, read "lesbian"]
  - 3 C) Bisexual
  - or
  - 4 D) other

**Do not read**

- 7 Don't Know/Not Sure  
9 Refused

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman.

**TRANSGEN** Do you consider yourself to be transgender?

(512)

Transgen

- 1 Yes  
2 No  
7 Don't know/not sure  
9 Refused

**[NOTE: Additional information for interviewer if asked about definition of transgender:**

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgendered. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.]

## Section 13: Alcohol Consumption

**DRNKANY4** During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

(149)

Drnk1

- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

**[Go to next section]**

**[Go to next section]**

**[Go to next section]**

**ALCDAY4** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

(150-152)

Drnk2

- 1 \_ \_ Days per week  
2 \_ \_ Days in past 30 days  
8 8 8 No drinks in past 30 days  
7 7 7 Don't know / Not sure  
9 9 9 Refused

**[Go to next section]**

**AVEDRNK2** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

(153-154)

Drnk3

**NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.**

Number of drinks  
 7 7 Don't know / Not sure  
 9 9 Refused

**DRNK3GE5** Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X** [**CATI X = 5 for men, X = 4 for women**] or more drinks on an occasion?

Alc8

(155-156)

Number of times  
 8 8 None  
 7 7 Don't know / Not sure  
 9 9 Refused

**MAXDRNKS** During the past 30 days, what is the largest number of drinks you had on any occasion?

(157-158)

Drnk4

Number of drinks  
 7 7 Don't know / Not sure  
 9 9 Refused

**CATI: IF DRNK3GE5=88 AND SEX=1, MAXDRNKS CANNOT BE 5-76. IF DRNK3GE5=88 AND SEX=2, MAXDRNKS CANNOT BE 4-76.**

## Module 28: Novel H1N1 Adult Immunization

### TO BE ASKED JAN-JUNE 2010

**H1N1AV01** There are currently vaccines available for two kinds of flu -- the seasonal flu, and the 2009 H1N1 flu. I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu.

There are two ways to get the H1N1 flu vaccination. One is a shot in the arm and the other is a spray, mist or drop in the nose.

Since September, 2009, have you been vaccinated either way for the H1N1 flu?

(933)

1 Yes  
 2 No  
 7 Don't Know / Not Sure  
 9 Refused

**[Go to FLUSHOT3]**  
**[Go to FLUSHOT3]**  
**[Go to FLUSHOT3]**

**H1N1AV02** During what month did you receive your H1N1 flu vaccine?

(934-935)

-- Month

[RANGE 7-12, 77, 99]

01=January, 02=February, 03=March, 04=April, 05=May, 06=June, 07=July, 08=August, 09=September, 10=October, 11=November, 12=December

77 Don't Know / Not Sure  
99 Refused

**CATI note:** [If H1N1AV02\_Month is (7, 8, 9, 10, 11, 12) then H1N1AV02\_Year=2009; else if H1N1AV02\_Month is (1, 2, 3, 4, 5, 6) then H1N1AV02\_Year=2010]

**VR01** That was [FILL IN NAME OF MONTH] of [FILL IN YEAR], correct?

1 Yes [CONTINUE]  
2 No [RE-ASK H1N1AV02]

**H1N1AV03** Was this a shot or was it a vaccine sprayed in the nose?

(936)

1 Flu shot  
2 Flu Nasal Spray (spray, mist or drop in the nose)  
7 Don't Know / Not Sure  
9 Refused

## Section 14: Immunization

**FLUSHOT3** Now I will ask you questions about seasonal flu. A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a seasonal flu shot?

(159)

Flu1

1 Yes  
2 No [Go to FLUSPRY2]  
7 Don't know / Not sure [Go to FLUSPRY2]  
9 Refused [Go to FLUSPRY2]

**FLUSHTMY** During what month and year did you receive your most recent seasonal flu shot?

(160-165)

Flu3b

\_\_\_\_ / \_\_\_\_ Month / Year  
7 7 / 7 7 7 7 Don't know / Not sure  
9 9 / 9 9 9 9 Refused

**FLUSPRY2** The seasonal flu vaccine sprayed in the nose is also called FluMist™. During the past 12 months, have you had a seasonal flu vaccine that was sprayed in your nose?

(166)

Flu7

- |   |                       |                   |
|---|-----------------------|-------------------|
| 1 | Yes                   |                   |
| 2 | No                    | [Go to pre- FLU2] |
| 7 | Don't know / Not sure | [Go to pre- FLU2] |
| 9 | Refused               | [Go to pre- FLU2] |

**FLUSPRMY** During what month and year did you receive your most recent seasonal flu vaccine that was sprayed in your nose?

Flu3c

(167-172)

__ / __	Month / Year
7 7 / 7 7 7 7	Don't know / Not sure
9 9 / 9 9 9 9	Refused

## State-Added 14a: Immunization [Splits 1, 2, 3]

**{Pre-FLU2: If FLUSHOT3 = 1 or FLUSPRY2 = 1, go to FLU2  
Else if FLUSHOT3 is (2, 7, 9) AND FLUSPRY2 is (2, 7, 9) go to FLU6}**

**FLU2** At what kind of place did you get your last {if FLUSHOT3=1 then read “flu shot”, if FLUSPRY2=1 then read “flu vaccine that was sprayed in your nose”, if FLUSHOT3=1 AND FLUSPRY2=1 then read “flu shot or flu vaccine that was sprayed in your nose”?}

Flu2

**[READ ONLY IF NECESSARY]**

- 01 A doctor's office or health maintenance organization
- 02 A health department
- 03 Another type of clinic or health center
- 04 A senior, recreation, or community center
- 05 A store [Examples: supermarket, drug store]
- 06 A hospital as an inpatient
- 07 Emergency room
- 08 Workplace
- Or**
- 09 Some other kind of place [specify]: \_\_\_\_\_

**Don't read:**

- 77 Don't know
- 99 Refused

**ALL IN FLU2 GO TO pre-WRKHCF**

**FLU6** What is the main reason you didn't get a flu shot or a flu spray in the nose?

Flu6

**[READ ONLY IF NECESSARY]**

Would you say:

- 01 Didn't know I needed it
- 02 Doctor didn't recommend it
- 03 Didn't think of it/forgot/missed it

- 04 Tried to get a flu shot, but no flu shots were available  
 05 Tried to get a flu shot, but my doctor said I didn't need it  
 06 Didn't think it would work  
 08 Don't need a flu shot/not at risk/flu not serious  
 10 Shot could give me the flu/allergic reaction/other health problem  
 11 Doctor recommended against getting the shot/allergic to shot/medical reasons  
 12 Don't like shots or needles / don't want it  
**Or**  
 13 Other [specify]\_\_\_\_\_

**Don't read:**

- 77 Don't Know/Not Sure  
 99 Refused

**{CATI NOTE: WRKHCF is only to be asked from July-December 2010}**

**WRKHCF** Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home?

Wrkhcf

**[Note: If necessary say: This includes part-time and volunteer work.]**

- 1 Yes  
 2 No  
 7 Don't know/Not sure (**Do not probe**)  
 9 Refused

## Section 14: Immunization, Continued

**PNEUVAC3** A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (173)

Pneum

- 1 Yes  
 2 No  
 7 Don't know / Not sure  
 9 Refused

## Section 15: Falls

**If respondent is 45 years or older continue, otherwise go to next section.**

The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

**FALL3MN2** In the past 3 months, how many times have you fallen? (174–175)

Fall3

\_ \_ Number of times **[76 = 76 or more]**

8 8	None	[Go to next section]
7 7	Don't know / Not sure	[Go to next section]
9 9	Refused	[Go to next section]

**FALLINJ2**

Fallhrt

[Fill in "Did this fall (from FALL3MN2) cause an injury?"]. If only one fall from FALL3MN2 and response is "Yes" (caused an injury); code 01. If response is "No," code 88.

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

(176–177)

— —	Number of falls	[76 = 76 or more]
8 8	None	
7 7	Don't know / Not sure	
9 9	Refused	

## Section 16: Seatbelt Use

---

**SEATBELT**

How often do you use seat belts when you drive or ride in a car? Would you say—

(178)

Stblt

**Please read:**

1	Always
2	Nearly always
3	Sometimes
4	Seldom
5	Never

**Do not read:**

7	Don't know / Not sure
8	Never drive or ride in a car
9	Refused

**CATI note:** If SEATBELT = 8 (Never drive or ride in a car), go to Section 18; otherwise continue.

## Section 17: Drinking and Driving

---

**CATI note:** If DRNKANY4= 2 (No); go to next section.

The next question is about drinking and driving.

**DRINKDRI2**

During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

Alc9

(179–180)

–	–	Number of times
8	8	None
7	7	Don't know / Not sure
9	9	Refused

## Section 18: Women's Health

**CATI note: If respondent is male, go to the next section.**

The next questions are about breast and cervical cancer.

**HADMAM** A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (181)

Mamm2

- |   |                       |                  |
|---|-----------------------|------------------|
| 1 | Yes                   |                  |
| 2 | No                    | [Go to PROFEXAM] |
| 7 | Don't know / Not sure | [Go to PROFEXAM] |
| 9 | Refused               | [Go to PROFEXAM] |

**HOWLONG** How long has it been since you had your last mammogram? (182)

Mamm3a

**Read only if necessary:**

- |   |                                                             |
|---|-------------------------------------------------------------|
| 1 | Within the past year (anytime less than 12 months ago)      |
| 2 | Within the past 2 years (1 year but less than 2 years ago)  |
| 3 | Within the past 3 years (2 years but less than 3 years ago) |
| 4 | Within the past 5 years (3 years but less than 5 years ago) |
| 5 | 5 or more years ago                                         |

**Do not read:**

- |   |                       |
|---|-----------------------|
| 7 | Don't know / Not sure |
| 9 | Refused               |

**PROFEXAM** A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (183)

Brst1

- |   |                       |                 |
|---|-----------------------|-----------------|
| 1 | Yes                   |                 |
| 2 | No                    | [Go to HADPAP2] |
| 7 | Don't know / Not sure | [Go to HADPAP2] |
| 9 | Refused               | [Go to HADPAP2] |

**LENGEXAM** How long has it been since your last breast exam?

Brst2a

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

**HADPAP2** A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

(185)

Crvx2

- 1 Yes
- 2 No **[Go to HADHYST2]**
- 7 Don't know / Not sure **[Go to HADHYST2]**
- 9 Refused **[Go to HADHYST2]**

**LASTPAP2** How long has it been since you had your last Pap test?

(186)

Crvx3

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

**CATI note: If response to PREGNANT = 1 (is pregnant); then go to next section.**

**HADHYST2** Have you had a hysterectomy?

(187)

Hyst

**Read only if necessary:** A hysterectomy is an operation to remove the uterus (womb).

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

## Section 19: Prostate Cancer Screening

**CATI note: If respondent is  $\leq 39$  years of age, or is female, go to next section.**

Now, I will ask you some questions about prostate cancer screening.

**PSATEST** A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?

Psa1

(188)

- 1 Yes
- 2 No [Go to DIGRECEX]
- 7 Don't Know / Not sure [Go to DIGRECEX]
- 9 Refused [Go to DIGRECEX]

**PSATIME** How long has it been since you had your last PSA test?

(189)

Psa2a

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

**DIGRECEX** A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

Colo2

(190)

- 1 Yes
- 2 No [Go to PROSTATE]
- 7 Don't know / Not sure [Go to PROSTATE]
- 9 Refused [Go to PROSTATE]

**DRETIME** How long has it been since your last digital rectal exam?

(191)

Colo3a

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

**PROSTATE**

Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?

Prost1

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

(192)

## Section 20: Colorectal Cancer Screening

**CATI note: If respondent is  $\leq 49$  years of age, go to next section.**

The next questions are about colorectal cancer screening.

**BLDSTOOL**

A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

Colo5

- 1 Yes
- 2 No **[Go to HADSIGM3]**
- 7 Don't know / Not sure **[Go to HADSIGM3]**
- 9 Refused **[Go to HADSIGM3]**

(193)

**LSTBLDS3**

How long has it been since you had your last blood stool test using a home kit?

Colo6

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

(194)

**HADSIGM3**

Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either

Colo8

of these exams?

(195)

- |   |                       |                      |
|---|-----------------------|----------------------|
| 1 | Yes                   |                      |
| 2 | No                    | [Go to next section] |
| 7 | Don't know / Not sure | [Go to next section] |
| 9 | Refused               | [Go to next section] |

#### HADSGCO1

Hadsigcol

For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?

(196)

- |   |                       |
|---|-----------------------|
| 1 | Sigmoidoscopy         |
| 2 | Colonoscopy           |
| 7 | Don't know / Not sure |
| 9 | Refused               |

#### LASTSIG3

Colo9

How long has it been since you had your last sigmoidoscopy or colonoscopy?

(197)

**Read only if necessary:**

- |   |                                                               |
|---|---------------------------------------------------------------|
| 1 | Within the past year (anytime less than 12 months ago)        |
| 2 | Within the past 2 years (1 year but less than 2 years ago)    |
| 3 | Within the past 3 years (2 years but less than 3 years ago)   |
| 4 | Within the past 5 years (3 years but less than 5 years ago)   |
| 5 | Within the past 10 years (5 years but less than 10 years ago) |
| 6 | 10 or more years ago                                          |

**Do not read:**

- |   |                       |
|---|-----------------------|
| 7 | Don't know / Not sure |
| 9 | Refused               |

## Section 21: HIV/AIDS

**CATI note: If respondent is 65 years old or older, go to next section.**

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

#### HIVTST5

Hiv15

Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

(198)

- |   |     |
|---|-----|
| 1 | Yes |
|---|-----|

- |   |                       |                  |
|---|-----------------------|------------------|
| 2 | No                    | [Go to HIVRISK2] |
| 7 | Don't know / Not sure | [Go to HIVRISK2] |
| 9 | Refused               | [Go to HIVRISK2] |

**HIVSTD2** Not including blood donations, in what month and year was your last HIV test? (199-204)

Hiv25b

**NOTE: If response is before January 1985, code "Don't know."**

**CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.**

<u>  </u> / <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u>	Code month and year
7 7 / 7 7 7 7	Don't know / Not sure
9 9 / 9 9 9 9	Refused

**WHRTST8** Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (205-206)

Hiv10c2

- |     |                                                 |
|-----|-------------------------------------------------|
| 0 1 | Private doctor or HMO office                    |
| 0 2 | Counseling and testing site                     |
| 0 3 | Hospital                                        |
| 0 4 | Clinic                                          |
| 0 5 | Jail or prison (or other correctional facility) |
| 0 6 | Drug treatment facility                         |
| 0 7 | At home                                         |
| 0 8 | Somewhere else                                  |
| 7 7 | Don't know / Not sure                           |
| 9 9 | Refused                                         |

**CATI note: Ask HIVRDTST; if HIVSTD2 = within last 12 months. Otherwise, go to HIVRISK2.**

**HIVRDTST** Was it a rapid test where you could get your results within a couple of hours? (207)

Hivrdtst

- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

**HIVRISK2** I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.

Ivstdhiv

- You have used intravenous drugs in the past year.

- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.

Do any of these situations apply to you?

(208)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

## Section 22: Emotional Support and Life Satisfaction

---

The next two questions are about emotional support and your satisfaction with life.

**EMTSUPRT** How often do you get the social and emotional support you need?

**INTERVIEWER NOTE:** If asked, say “please include support from any source.”

(209)

Q16

**Please read:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

**LSATISFY** In general, how satisfied are you with your life?

(210)

Q17

**Please read:**

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

## Section 24: H1N1 ILI (Influenza Like Illness) Adult

**TO BE ASKED JAN-MARCH, OCTOBER-DECEMBER 2010 (Text changes/new questions added October 2010)**

We would like to ask you some questions about recent respiratory illnesses.

H1N1AQ01. Last month (i.e September [to change to previous month each month of survey]), were you ill with a fever? (919)

- |   |            |                    |
|---|------------|--------------------|
| 1 | Yes        |                    |
| 2 | No         | [SKIP TO H1N1AQ08] |
| 7 | Don't know | [SKIP TO H1N1AQ08] |
| 9 | Refused    | [SKIP TO H1N1AQ08] |

H1N1AQ02. Did you also have a cough and/or sore throat? (920)

- |   |            |                    |
|---|------------|--------------------|
| 1 | Yes        |                    |
| 2 | No         | [SKIP TO H1N1AQ08] |
| 7 | Don't know | [SKIP TO H1N1AQ08] |
| 9 | Refused    | [SKIP TO H1N1AQ08] |

H1N1AQ04. Did you visit a doctor, nurse, or other health professional for this illness? (922)

- |   |            |                    |
|---|------------|--------------------|
| 1 | Yes        |                    |
| 2 | No         | [SKIP TO H1N1AQ08] |
| 7 | Don't know | [SKIP TO H1N1AQ08] |
| 9 | Refused    | [SKIP TO H1N1AQ08] |

### **H1N1AQN4 ADDED OCT-DEC 2010**

**H1N1AQN4.** When did you visit the doctor, nurse, or other health professional for this illness?  
[Interviewer: read off choices; choose the most specific]

- |   |                                       |
|---|---------------------------------------|
| 1 | Within two days of getting ill        |
| 2 | Within three to 7 days of getting ill |
| 3 | More than 7 days of getting ill       |
| 7 | Don't know                            |
| 9 | Refused                               |

### **H1N1AQN5 ADDED OCT-DEC 2010**

**H1N1AQN5.** What did the doctor, nurse, or other health professional tell you? Did they say...[Interviewer: read off choices]

- |   |                                                                                                                                                               |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | You had influenza or the flu [Interviewer: if respondent says they had either H1N1 or seasonal influenza, please code as '1 = You had influenza or the flu.'] |
| 2 | You had some other illness, but not the flu                                                                                                                   |
| 7 | Don't know/not sure                                                                                                                                           |
| 9 | Refused                                                                                                                                                       |

H1N1AQ06. Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say...

(924)

[READ LIST]

- 1 Yes, had flu test and it was positive
- 2 No, had flu test but it was negative
- 3 No, flu test was not done
- 7 Don't know
- 9 Refused

H1N1AQ07. Did you receive Tamiflu® or oseltamivir [o sel TAM i veer] or an inhaled medicine called Relenza® or zanamivir [za NA mi veer] to treat this illness?

(925)

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

**IF (NUMADLT=1 AND CHILDREN=88 AND (H1N1AQ01>1 OR H1N1AQ02>1)), GO TO NEXT SECTION.**

**IF (NUMADLT=1 AND CHILDREN=88 AND H1N1AQ02=1, SKIP TO H1N1AQ10.**

**ELSE, ASK H1N1AQ08.**

H1N1AQ08. Did any other members of your household have a fever with cough or sore throat last month (i.e September [to change each month of survey])?

(926)

- 1 Yes
- 2 No [Go to pre-H1N1AQ10]
- 7 Don't know
- 9 Refused

H1N1AQ09. How many household members, [CATI IF H1N1AQ02=1, READ-IN: including you,] were ill last month (i.e September [to change each month of survey])?

(927-928)

- \_\_ # persons [RANGE 1-15, 77, 99]
- 88 None
- 77 Don't know/Not Sure
- 99 Refused

**IF H1N1AQ02=1 (Yes) or H1N1AQ08=1 (Yes) continue to H1N1AQ10; otherwise, go to NEXT SECTION.**

H1N1AQ10. How many people in your household, including you, were hospitalized for flu last month (i.e September [to change each month of survey])? [If needed: hospitalized means admitted to a hospital to receive medical treatment.]

(929-930)

\_\_\_\_ # persons [RANGE 1-15, 77, 88, 99]  
 8 8 None  
 7 7 Don't know/Not Sure  
 9 9 Refused

## Module 10: High Risk /Health Care Worker

### TO BE ASKED JAN-JUNE 2010

The next few questions ask about health care work and chronic illness.

**WRKHCF1** Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's office, nursing home or some other health-care facility? This includes part-time and unpaid work in a health care facility as well as professional nursing care provided in the home.

**INTERVIEWER NOTE: If necessary say:** "This includes non-health care professionals, such as administrative staff, who work in a health-care facility."

(313)

1 Yes  
 2 No  
 7 Don't know / Not sure  
 9 Refused

**DIRCONT1** Do you provide direct patient care as part of your routine work? By direct patient care we mean physical or hands-on contact with patients.

(314)

1 Yes  
 2 No  
 7 Don't know / Not sure (**Probe by repeating question**)  
 9 Refused

**DRHPAD1** Has a doctor, nurse, or other health professional ever said that you have...

**Read all items listed below before waiting for an answer:**

Lung problems, other than asthma  
 Kidney problems  
 Anemia, including Sickle Cell

**Or** A weakened immune system caused by a chronic illness or by medicines taken for a chronic illness?

**[IF NECESSARY: See Health Problems List Tack-Up]**

(315)

1 Yes  
 2 No [Go to Core Transition Statement]  
 7 Don't know / Not sure [Go to Core Transition Statement]  
 9 Refused [Go to Core Transition Statement]

**HAVHPAD** Do you still have (this/any of these) problem(s)?

(316)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

## Transition to Modules and/or State-Added Questions

Please read:

Now I have some questions about other health topics.

## Massachusetts State-added Sections and CDC Optional Modules

### Section 23: Module 1: Pre-Diabetes [Splits 1, 2, 3]

**NOTE: Only asked of those not responding "Yes" (code = 1) to Core DIABETE2 (Diabetes awareness question).**

**PDIABTST** Have you had a test for high blood sugar or diabetes within the past three years?

Bsd1

(245)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**CATI note: If Core DIABETE2 = 4 (No, pre-diabetes or borderline diabetes); answer PREDIAB1 "Yes" (code = 1).**

**PREDIAB1** Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

Bsd4

**If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"**

(246)

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
- 7 Don't know / Not sure
- 9 Refused

## State-Added 23a: Pre-Diabetes [Splits 1, 2, 3]

**Pre-BSD3: {If DIABETE2= 3, 4, 7, 9, continue; else if DIABETE2=1, 2, go to DIABMO5A}**

**BSD3** Have you ever been told by a doctor that you have high blood sugar or glucose?

Bsd3

**[If yes, was this once or more than once?]  
[If female, was this only during pregnancy?]**

- 1 Yes
- 2 Yes, more than once
- 3 Yes, but female told only during pregnancy
- 4 No
- 7 Don't know / Not sure
- 9 Refused

**IF BSD3 = 1, 2 or PREDIAB1=1, continue. Else if BSD3=3, 4, 7, 9 and PREDIAB1=2, 3, 7, 9 go to DIABMO5A**

**BSD5** Was it within the past 12 months that you were told for the first time that you have pre-diabetes, borderline diabetes, or high blood sugar or glucose?

Bsd5

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**BSD6** How old were you when you were first told you had pre-diabetes, borderline diabetes, or high blood glucose?

Bsd6

**[Note: We are interested in age when FIRST diagnosed with pre-diabetes, borderline diabetes, or high blood glucose, NOT current age]**

- Code Age in Years (97 = 97 years and older)
- 9 8 Don't know
- 9 9 Refused

**{CATI: if (BSD6 = 01-97 and AGE = 18-99) AND (BSD6 > AGE), continue; else go to DIABMO5A}**

**UPDTAGPD** I'm sorry, you indicated you were {CATI: fill-in response from AGE} years old, and were first told you had pre-diabetes, borderline diabetes, or high blood glucose at age {CATI: fill-in response from BSD6}. What was your age when you were FIRST told you had pre-diabetes, borderline diabetes, or high blood glucose?

Update age **GO TO AGE**  
Update age for pre-diabetes/borderline diabetes/high blood glucose age **GO TO BSD6**

**DIABMO5A** To your knowledge have any of your first degree blood relatives such as parents, brothers, or sisters had diabetes?

Diabmo5a

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

## State-Added 24a: Diabetes [Splits 1, 2, 3]

---

{If DIABETE2=1, continue; else go to next section}

**DIABTYPE** What type of diabetes do you have?

Diabtype

**Please read:**

- 1 Type 1
- 2 Type 2
- Or**
- 3 Other [specify\_\_\_\_\_]

**Do not read:**

- 7 Don't know /Not sure
- 9 Refused

## Section 24: Module 2: Diabetes [Splits 1, 2, 3]

---

**IF DIABETE2 = 1 CONTINUE; ELSE GO TO next section.**

**DIABAGE2** How old were you when you were told you have diabetes?

(247-248)

Diab2

- Code age in years [97 = 97 and older]
- 9 8 Don't know / Not sure
- 9 9 Refused

**{CATI: if (DIABAGE2 = 01-97 and AGE = 18-99) AND (DIABAGE2 > AGE), continue; else go to INSULIN}**

**UPDTAGDI** I'm sorry, you indicated you were {CATI: fill-in response from AGE} years old, and were first diagnosed with Diabetes at age {CATI: fill-in response from DIABAGE2}. What was your age when you were FIRST diagnosed with diabetes?

- Update age **GO TO AGE**
- Update diabetes age **GO TO DIABAGE2**

**INSULIN** Are you now taking insulin?

(249)

Diab3

- 1 Yes
- 2 No
- 9 Refused

**BLDSUGAR** About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

(250-252)

Diab5

- 1 \_ \_ Times per day
- 2 \_ \_ Times per week
- 3 \_ \_ Times per month
- 4 \_ \_ Times per year
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**FEETCHK2** About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

(253-255)

Diab9a

- 1 \_ \_ Times per day
- 2 \_ \_ Times per week
- 3 \_ \_ Times per month
- 4 \_ \_ Times per year
- 5 5 5 No feet
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**State-Added 24b: Diabetes [Splits 1, 2, 3]**
**CATI note: If FEETCHK2 = 555 (No feet), go to DOCTDIAB.**
**DIAB13A** Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

Diab13a

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**Section 24: Module 2: Diabetes, Continued [Splits 1, 2, 3]**

**DOCTDIAB**

About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

(256-257)

Diab7

- Number of times [76 = 76 or more]
- 8 8 None
  - 7 7 Don't know / Not sure
  - 9 9 Refused

**CHKHEMO3**

A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

(258-259)

Diab8a

- Number of times [76 = 76 or more]
- 8 8 None
  - 9 8 Never heard of "A one C" test
  - 7 7 Don't know / Not sure
  - 9 9 Refused

**CATI note: If FEETCHK2 = 555 (No feet), go to EYEEXAM.**

**FEETCHK**

About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

(260-261)

Diab9

- Number of times [76 = 76 or more]
- 8 8 None
  - 7 7 Don't know / Not sure
  - 9 9 Refused

## State-Added 24c: Diabetes [Splits 1, 2, 3]

---

**CATI note: If FEETCHK2 = 555 (No feet), go to EYEEXAM.**

**DIAB14**

When was the last time you had an exam in which your feet were examined for numbness or loss of feeling? This would have involved a doctor or other health professional using a metal or plastic instrument on your foot.

Diab14

**Read only if necessary:**

- 1 Within the past month (any time less than 1 month ago)
- 2 Within the past year (1 to 12 months ago)
- 3 Within the past 2 years (1 to 2 years ago)
- 4 2 or more years ago
- 8 Never

**Do not read:**

- 7 Don't Know/Not Sure
- 9 Refused

## Section 24: Module 2: Diabetes, Continued [Splits 1, 2, 3]

### EYEEEXAM

When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

(262)

Diab3a

#### Read only if necessary:

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past year (1 month but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago

#### Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

### DIABEYE

Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

(263)

Diab3b

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

### DIABEDU

Have you ever taken a course or class in how to manage your diabetes yourself?

(264)

Diabmo1c

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

## Section 25: State-Added: Hepatitis B [Splits 1, 2, 3]

### HEPBVAC

Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given.

(99)

hepbvac

**[NOTE: Response is "Yes" only if respondent has received the entire series of three shots.]**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refuse

The next question is about behaviors related to Hepatitis B.

**HEPBRSN** Please tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you, just if ANY of them are:

hepbrsn

- You have hemophilia and have received clotting factor concentrate
- You have had sex with a man who has had sex with other men, even just one time
- You have taken street drugs by needle, even just one time
- You traded sex for money or drugs, even just one time
- You have tested positive for HIV
- You have had sex (even just one time) with someone who would answer "yes" to any of these statements
- You had more than two sex partners in the past year

Are any of these statements true for you?

(100)

- 1 Yes, at least one statement is true
- 2 No, none of these statements is true
- 7 Don't know / Not sure
- 9 Refused

## Section 26: Module 12: Tetanus Diphtheria (Adults) [Splits 1, 2, 3]

Next, I will ask you about the tetanus diphtheria vaccination.

**TNSCRCV** Have you received a tetanus shot in the past 10 years?

(318)

tetshot

- 1 Yes
- 2 No [Go to next module]
- 7 Don't know / Not sure [Go to next module]
- 9 Refused [Go to next module]

**TNSCRCNT** Was your most recent tetanus shot given in 2005 or later?

(319)

tetshot5

- 1 Yes
- 2 No [Go to next module]
- 7 Don't know / Not sure
- 9 Refused

**TNSCSHOT** There are currently two types of tetanus shots available for adults. One contains the tetanus diphtheria vaccine. The other type contains tetanus diphtheria and pertussis or whooping cough vaccine. Did your doctor say your recent tetanus shot included the pertussis or whooping cough vaccine?

(320)

tetspwc

- 1 Yes (included pertussis)
- 2 No (did not include pertussis)

- 7 Don't know / Not sure
- 9 Refused

## Section 27: Module 13: Adult Human Papilloma Virus (HPV) [Splits 1, 2, 3]

**CATI note:** To be asked of respondents between the ages of 18 and 49 years; otherwise, go to next module.

**NOTE:** Human Papilloma Virus (Human Pap·uh·loh·muh Virus);  
Gardasil (Gar·duh·seel); Cervarix (Sir·var·icks)

### HPVADV

A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, **[Fill: if female "GARDASIL or CERVARIX"; if male " or GARDASIL"]**. Have you EVER had an HPV vaccination?

HPVvac

- 1 Yes
- 2 No [Go to next module]
- 3 Doctor refused when asked [Go to next module]
- 7 Don't know / Not sure [Go to next module]
- 9 Refused [Go to next module]

**HPVADSHT** How many HPV shots did you receive?

(322-323)

HPVshts

- Number of shots  
 0 3 All shots  
 7 7 Don't know / Not sure  
 9 9 Refused

## Section 28: Module 11: Shingles (Zostavax or ZOS) [Splits 1, 2, 3]

**CATI note: If respondent is ≤ 49 years of age, go to next module.**

The next question is about the Shingles vaccine.

**SHINGLES**

Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax<sup>®</sup>, the zoster vaccine, or the shingles vaccine. Have you had this vaccine?

shvac

(317)

- 1 Yes  
 2 No  
 7 Don't know / Not sure  
 9 Refused

## State-Added 28a: Shingles [Splits 1, 2, 3]

**CATI CREATE VARIABLE HHNO. HHNO=NUMADULT+CHILDREN.**

I would like to ask a few questions about the health of everyone living in the household, including children.

**CATI NOTE: NUMBER OF ITERATIONS ARE NOT TO EXCEED VARIABLE HHNO.**

**CATI: IF HHNO=1 AND (AGE>17 AND AGE<97), AUTOFILL MA28.1 (1<sup>ST</sup> iteration) WITH RESPONSE TO 'AGE'. ELSE, ASK MA28.1. IF HHNO=1 AND AGE=7, AUTOFILL MA28.1 (1<sup>ST</sup> iteration)=98. IF HHNO=1 AND AGE=9, AUTOFILL MA28.1 (1<sup>ST</sup> iteration)=99. IF HHNO=1 AND AGE>96, AUTOFILL MA28.1 (1<sup>ST</sup> iteration)=96.**

**MA28.1**

Going from youngest to oldest, what are the ages of each person currently living in your household?

Varicla-r

(521-540)

**Code ages:**

- 0 = < 1 year  
 96 = 96 and older  
 98 = Don't know/Not sure  
 99 = Refused

- a. Person #1 –  
 b. Person #2 –

c. Etc.

**CATI: IF HHNO>1 AND MA28.1 iteration X<97 AND MA28.1 iteration X+1 IS LESS THAN MA28.1 iteration X, DISPLAY THE FOLLOWING PROMPT:**

**MA28.1CHK** I need to record the ages of the persons living in your household going from the YOUNGEST member to the OLDEST member. I will re-ask these questions. To begin, I will ask for the age of the YOUNGEST household member.

1. Re-Ask MA28.1 **GO BACK TO MA28.1**

**CATI: IF AGE>17, CHECK RESPONSE TO AGE AGAINST ALL RESPONSES TO MA28.1 (all iterations), IF NO MATCHING AGE IS FOUND, CONFIRM RESPONDENT AGE BELOW.**

**AGECN** I would like to confirm your age. Earlier, I recorded your age as [AGE] years. Just now, when recording the ages of all household members, I did not record a [AGE] year old. Do I need to update your earlier recorded age? Or do I need to update ages of the household members?

1. Update earlier respondent age from demographic section **GO BACK TO AGE**
2. Update household ages from this section **GO BACK TO MA28.1**
3. Refused **GO TO VARIC4**

**CATI: IF ANY ITERATION OF MA28.1=98 OR 99, GO TO VARIC4; ELSE CONTINUE WITH LOGIC.**

**IF CHILDREN<88, CHECK ALL RESPONSES TO MA28.1 (all iterations), IF NUMBER OF CHILDREN DOES NOT EQUAL NUMBER OF AGES<18 IN MA28.1. CONFIRM BELOW.**

**IF CHILDREN=88 OR 99, CHECK ALL RESPONSES TO MA28.1 (all iterations), IF ANY AGE <18 IS FOUND, CONFIRM RESPONSE BELOW.**

**CHLDCN** Earlier, I recorded your household as having [CHILDREN / 0] child (if CHILDREN=1) / children (if CHILDREN>1) / (IF CHILDREN=88 OR 99) less than 18 years of age. Just now, when recording the ages of all household members, [the number of children did not match (IF CHILDREN<88) / I recorded someone under the age of 18 (IF CHILDREN=88 OR 99)] Do I need to update the number of the household's children? Or do I need to update ages of the household members?

1. Update number of children **GO BACK TO CHILDREN**
2. Update household ages from this section **GO BACK TO MA28.1**
3. Refused **GO TO VARIC4**

**VARIC4** Have you or anyone else currently living in your household ever had shingles?

(562)

Varic4	1	Yes	
	2	No	[Go to next section]
	7	Don't know/Not sure	[Go to next section]
	9	Refused	[Go to next section]

**CATI NOTE: NUMBER OF ITERATIONS ARE NOT TO EXCEED NUMBER OF ITERATIONS IN MA28.1**

**IF VARIC4=1 (Yes) AND HHNO=1 AND (AGE>17 AND AGE<97), AUTOFILL MA28.3 (1<sup>ST</sup> iteration) WITH RESPONSE TO 'AGE'.**

IF VARIC4=1 (Yes) AND HHNO=1 AND AGE=7, AUTOFILL MA28.3 (1<sup>ST</sup> iteration)=98.  
 IF VARIC4=1 (Yes) AND HHNO=1 AND AGE=9, AUTOFILL MA28.3 (1<sup>ST</sup> iteration)=99.  
 IF VARIC4=1 (Yes) AND HHNO=1 AND AGE>96, AUTOFILL MA28.3 (1<sup>ST</sup> iteration)=96.

**MA28.3** What are the current ages of all those who ever had shingles?

(563-582)

Varic5a-r

**Code ages:**

0 = <1 year  
 96 = 96 and older  
 97 = No one else in household  
 98 = Don't know/Not sure  
 99 = Refused

a. Person #1 \_\_\_\_  
 b. Person #2 \_\_\_\_  
 c. [Etc.] \_\_\_\_

**CATI: FOR EACH PERSON WITH AN AGE (0-96) RECORDED IN MA28.3, COMPARE THE AGE AGAINST ALL RECORDED AGES (0-96) IN MA28.1. IF THERE IS AN AGE (0-96) RECORDED IN MA28.3 NOT RECORDED IN MA28.1, PROMPT RESPONDENT:**

**MA28.3CHK** I'm sorry, I do not have a record of a [RESPONSE TO MA28.3] year old living in your household. I would like to re-ask this question.

1. Re-ask MA28.3 **GO BACK TO MA28.3**

**IF MA28.3 = 98 OR 99 FOR ANY PERSON, THE NEXT QUESTION FOR THAT PERSON IS MA28.5.**

**MA28.4**

{CATI : Ask for each person listed in MA28.3, in the same order as MA28.3}

**CATI: IF HHNO=1, ASK:** How old were you when you had shingles?

**CATI: IF HHNO>1, ASK:** How old was the \_\_\_\_ year old when they had shingles?

(583-602)

Varic6a-r

**Code ages:**

0 = <1 year  
 97 = 97 and older  
 98 = Dk/Ns  
 99 = Ref

a. Person #1 \_\_\_\_  
 b. Person #2 \_\_\_\_  
 c. Etc.] \_\_\_\_

**IF MA28.4<97 AND MA28.3<97, THEN MA28.4 CANNOT BE GREATER THAN MA28.3**

**Pre-MA28.5**

{If MA28.3a minus MA28.4a = [0,1] or MA28.3b minus MA28.4b = [0,1] etc. then go to MA28.5. OR IF MA28.3 = 98 OR 99, ASK MA28.5 BUT SUBSTITUTE "person with shingles designated previously" rather than "\_\_\_\_ year old"; Else go to next section}

**MA28.5**

{CATI: Ask for each person for whom MA28.3 – MA28.4 = [0,1], in same order as MA28.3}: Did the \_\_\_\_ year old have shingles in the last 12 months, that is since {INSERT CURRENT MONTH} of last year?

(603-612)

Shingles1a-r

1 Yes  
 2 No  
 7 Don't know/Not sure  
 9 Refused

## Section 29: State-Added: Massachusetts Tobacco [Splits 1, 2, 3]

{If split=1 then ask SMK3A thru MA26.19d; if split=2 or 3 then ask SMK3A thru ETSOTHER}

{SPLIT 1, 2, 3}

Pre-SMK3A:

If SMOKDAY2= 1 then go to SMK3A;  
 Else if SMOKDAY2= 2 then go to SMK3C;  
 Else if SMOKDAY2= 3 then go to SMKLONG;  
 Else if SMOKE100= [2, 7, 9] or SMOKDAY2= [7, 9] then go to ETSADSMK

Now I would like to ask you some more questions about smoking.

**SMK3A** [DAILY SMOKERS] On the average, about how many cigarettes a day do you now smoke?

Smk3a

[1 pack = 20 cigarettes]

--	Number of cigarettes [76 =76 or more]	[Go to SMKLONG]
77	Don't know / Not sure	[Go to SMKLONG]
99	Refused	[Go to SMKLONG]

**SMK3C** [SOME DAYS SMOKERS] During the past 30 days, on how many days did you smoke cigarettes?

Smk3c

--	Number of days [1-30]	
88	None	[Go to SMKLONG]
77	Don't know / Not sure	[Go to SMKLONG]
99	Refused	[Go to SMKLONG]

**SMK3B** [SOME DAYS SMOKERS] On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

Smk3b

[1 pack = 20 cigarettes]

--	Number of cigarettes [76 =76 or more]
77	Don't know / Not sure
99	Refused

**SMKLONG** [CURRENT SMOKERS, FORMER SMOKERS] About how long has it been since you first started smoking cigarettes regularly?

smklong

**Read only if necessary:**

0 1	Within the past month (less than 1 month ago)
0 2	Within the past 3 months (1 month but less than 3 months ago)
0 3	Within the past 6 months (3 months but less than 6 months ago)
0 4	Within the past year (6 months but less than 1 year ago)
0 5	Within the past 5 years (1 year but less than 5 years ago)
0 6	Within the past 10 years (5 years but less than 10 years ago)
0 7	Over 10 years ago
0 8	Never smoked regularly

**Don't read:**

7 7 Don't know / Not sure  
9 9 Refused

**SMK9D**

[CURRENT SMOKERS] Are you planning to stop smoking within the next 30 days?

Smk9d

1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

The next questions are about rules for smoking in your home and your exposure to other people's tobacco smoke.

**CATI: IF NUMADULT=1, DO NOT ASK ETSADSMK AND AUTOFILL CODE "88" (None).**

**ETSADSMK** Not including yourself, how many of the adults who live in your household smoke cigarettes, cigars or pipes?

Etsadsmk

Number of adults [1-76]  
88 None  
77 Don't Know / Not sure  
99 Refused

**CATI Check: do not allow more adults in ETSADSMK than are in the household from the screener**

**ENSMK2**

Which statement best describes the rules about smoking in your home ...

Ensmk2

**Please read:**

1 no one is allowed to smoke anywhere  
2 smoking is allowed in some places or at some times  
**or**  
3 smoking is permitted anywhere

**Do not read:**

7 Don't know/Not sure  
9 Refused

**ETSHOME**

Thinking about the past 7 days, about how many hours per week were you exposed to other people's tobacco smoke when you were **at home**?

Etshome

Number of hours per week [76 = 76 or more]  
01 An hour or less per week, but more than none  
88 None  
77 Don't Know  
99 Refused

{If EMPLOY = [1, 2] go to ETSWORK; else if EMPLOY = [3,4,5,6,7,8,9] go to ETSOTHER}  
 {Determines employment status}

**ETSWORK** Thinking about the past 7 days, about how many hours per week were you exposed to other people's tobacco smoke when you were **at work**?

Etswork

- Number of hours per week [76 = 76 or more]  
 01 An hour or less per week, but more than none  
 88 None  
 77 Don't Know  
 99 Refused

**ETSOTHER** Thinking about the past 7 days, about how many hours per week were you exposed to other people's tobacco smoke when you were **in other places**?

Etsother

- Number of hours per week [76 = 76 or more]  
 01 An hour or less per week, but more than none  
 88 None  
 77 Don't Know  
 99 Refused

{SPLIT 1}

{if split=1 then continue. Else if split=2 or 3 then go to SMKNRT1B}

**ETSDWELL** Do you currently live in a single family home, in a duplex, in a condo or townhouse, or in an apartment?

Etsdwell

- 1 Single family home [Go to ETSCAR]  
 2 Duplex  
 3 Condo or Townhouse  
 4 Apartment  
 5 Other [specify]: \_\_\_\_\_  
 7 Don't know/Not sure  
 9 Refused

**MA26.12** In the past 30 days, have you experienced second hand smoke drifting into your **unit** from a smoker in another unit or from a smoker outside?

Etsdriftb

- 1 Yes  
 2 No  
 7 Don't know/Not sure  
 9 Refused

**ETSCAR** Thinking about the past 7 days, were you in a car when you or someone else was smoking?

Etscar

- |   |                       |                 |
|---|-----------------------|-----------------|
| 1 | Yes                   |                 |
| 2 | No                    | [Go to MA26.15] |
| 7 | Don't know / Not sure | [Go to MA26.15] |
| 9 | Refused               | [Go to MA26.15] |

**ETSCARCH** When you were in a car when someone was smoking, were there any children in the car?

Etsarch

- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

**MA26.15** Would you support a state law to ban smoking in cars when children are passengers?

Etsbancar

- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

**Pre-TOBHPAD1** {If (SMOKDAY2=1 or 2) or (SMOKDAY2=3 and LASTSMK1 = (1, 2, 3, 4)) continue. ELSE GO TO NEXT SECTION. [CURRENT SMOKERS, FORMER SMOKERS - PAST YEAR]}

**TOBHPAD1** In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?

Tobhpad1

- |   |                     |                  |
|---|---------------------|------------------|
| 1 | Yes                 |                  |
| 2 | No                  | [Go to SMKNRT1B] |
| 7 | Don't know/Not sure | [Go to SMKNRT1B] |
| 9 | Refused             | [Go to SMKNRT1B] |

**TOBHPAD2** During the past 12 months, did any doctor, nurse, or other health professional advise you to not smoke?

Tobhpad2

- |   |                     |                  |
|---|---------------------|------------------|
| 1 | Yes                 | [Go to MA26.19]  |
| 2 | No                  |                  |
| 7 | Don't know/Not sure | [Go to SMKNRT1B] |
| 9 | Refused             | [Go to SMKNRT1B] |

**TOBHPAD3** During the past 12 months, did any doctor, nurse, or other health professional ask if you smoke?

Tobhpad3

- |   |     |                  |
|---|-----|------------------|
| 1 | Yes | [Go to SMKNRT1B] |
| 2 | No  | [Go to SMKNRT1B] |

7 Don't know/Not sure [Go to SMKNRT1B]  
 9 Refused [Go to SMKNRT1B]

**MA26.19** In the past 12 months, when a doctor, nurse, or other health professional advised you to quit smoking, did they also do any of the following?

**MA26.19a** Prescribe or recommend a patch, nicotine gum, nasal spray, an inhaler, or pills such as Zyban?

Tobhp4a

1 Yes  
 2 No  
 7 Don't know/Not sure  
 9 Refused

**MA26.19b** Suggest that you set a specific date to stop smoking?

Tobhp4b

1 Yes  
 2 No  
 7 Don't know/Not sure  
 9 Refused

**MA26.19c** Suggest that you use a smoking cessation class, program, quit line, or counseling?

Tobhp4c

1 Yes  
 2 No  
 7 Don't know/Not sure  
 9 Refused

**MA26.19d** Provide you with booklets, videos, or other materials to help you quit smoking on your own?

Tobhp4d

1 Yes  
 2 No  
 7 Don't know/Not sure  
 9 Refused

**{SPLIT 1, 2, 3}**

{If (SMOKDAY2=1 or 2) or (SMOKDAY2=3 and LASTSMK1 = (1, 2, 3, 4)) continue}. ELSE, GO TO NEXT SECTION. [CURRENT SMOKERS, FORMER SMOKERS - PAST YEAR]

**SMKNRT1B** In the past 12 months, have you used any medications to help you quit smoking such as a patch, nicotine gum, nasal spray, inhaler or pills such as Zyban or Chantix?

Smknrt1b

1 Yes  
 2 No [Go to next section]  
 7 Don't know/Not sure [Go to next section]  
 9 Refused [Go to next section]

**SMKNRT5A** Did your health care provider write you a prescription for this medication?

Smknrt5a

- |   |                       |                      |
|---|-----------------------|----------------------|
| 1 | Yes                   |                      |
| 2 | No                    | [Go to next section] |
| 7 | Don't know / Not sure | [Go to next section] |
| 9 | Refused               | [Go to next section] |

**SMKNRT6A.** Did your health insurance cover the cost of the medication, either all or part of the cost?

Smknrt6a

- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

## Section 30: Module 17: Anxiety and Depression [Split 2]

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

**ADPLEASR** Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

Adpleasr

(367-368)

- |                           |
|---------------------------|
| 01-14 days                |
| 8 8 None                  |
| 7 7 Don't know / Not sure |
| 9 9 Refused               |

**ADDOWN** Over the last 2 weeks, how many days have you felt down, depressed or hopeless?

(369-370)

Addown

- |                           |
|---------------------------|
| 01-14 days                |
| 8 8 None                  |
| 7 7 Don't know / Not sure |
| 9 9 Refused               |

**ADSLEEP** Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?

Adsleep

(371-372)

- |                           |
|---------------------------|
| 01-14 days                |
| 8 8 None                  |
| 7 7 Don't know / Not sure |

9 9 Refused

**ADENERGY** Over the last 2 weeks, how many days have you felt tired or had little energy? (373-374)

Adenergy

01–14 days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

**ADEAT1** Over the last 2 weeks, how many days have you had a poor appetite or eaten too much? (375-376)

Adeat

01–14 days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

**ADFAIL** Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down? (377-378)

Adfail

01–14 days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

**ADTHINK** Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV? (379-380)

Adthink

01–14 days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

**ADMOVE** Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual? (381-382)

Admove

01–14 days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

**ADANXEV** Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?

Adanxev

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

#### ADDEPEV

Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

Addepev

(384)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

### Section 31: Module 14: Cancer Survivorship [Splits 1, 2, 3]

Now I am going to ask you about cancer.

**CATI note: If Core PROSTATE=1 (Yes), answer CNCRHAVE "Yes" (code=1), then go to CNCRDIFF.**

#### CNCRHAVE

Have you EVER been told by a doctor, nurse, or other health professional that you had cancer?

Candiag

(324)

**Read only if necessary:** By "other health professional" we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.

- 1 Yes
- 2 No [Go to next module]
- 7 Don't know / Not sure [Go to next module]
- 9 Refused [Go to next module]

#### CNCRDIFF

How many different types of cancer have you had?

(325)

candiff

- 1 Only one
- 2 Two
- 3 Three or more
- 7 Don't know / Not sure [Go to next module]
- 9 Refused [Go to next module]

#### CNCRAGE

At what age were you told that you had cancer?

(326-327)

Canage

- 9 8 Code age in years [97 = 97 and older]
- 9 8 Don't know / Not sure

**CATI note:** If **CNCRDIFF = 2 (Two) or 3 (Three or more)**, ask: “At what age were you first diagnosed with cancer?”

**INTERVIEWER NOTE:** This question refers to the first time they were told about their first cancer.

**{CATI: if (CNCRAGE = 01-97 and AGE = 18-99) AND (CNCRAGE > AGE), continue; else go to CNCRTYPE }**

**UPDTAGCA** I’m sorry, you indicated you were **{CATI: fill-in response from AGE}** years old, and were first diagnosed with cancer at age **{CATI: fill-in response from CNCRAGE }**. What was your age when you were FIRST diagnosed with cancer?

Update age **GO TO AGE**  
Update cancer age **GO TO CNCRAGE**

**CATI note:** If Core **PROSTATE = 1 (Yes)** and **CNCRDIFF = 1 (Only one)**; auto fill **CNCRTYPE** (response code 18)

**CNCRTYPE** What type of cancer was it? (328-329)

**If CNCRDIFF = 2 (Two) or 3 (Three or more)**, ask: “With your most recent diagnoses of cancer, what type of cancer was it?”

**INTERVIEWER NOTE:** Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-28]:

Cantype1

#### **Breast**

0 1 Breast cancer

#### **Female reproductive (Gynecologic)**

0 2 Cervical cancer (cancer of the cervix)  
0 3 Endometrial cancer (cancer of the uterus)  
0 4 Ovarian cancer (cancer of the ovary)

#### **Head/Neck**

0 5 Head and neck cancer  
0 6 Oral cancer  
0 7 Pharyngeal (throat) cancer  
0 8 Thyroid

#### **Gastrointestinal**

0 9 Colon (intestine) cancer  
1 0 Esophageal (esophagus)  
1 1 Liver cancer  
1 2 Pancreatic (pancreas) cancer  
1 3 Rectal (rectum) cancer  
1 4 Stomach

#### **Leukemia/Lymphoma (lymph nodes and bone marrow)**

1 5 Hodgkin's Lymphoma (Hodgkin's disease)  
1 6 Leukemia (blood) cancer

1 7 Non-Hodgkin's Lymphoma

**Male reproductive**

1 8 Prostate cancer  
1 9 Testicular cancer

**Skin**

2 0 Melanoma  
2 1 Other skin cancer

**Thoracic**

2 2 Heart  
2 3 Lung

**Urinary cancer:**

2 4 Bladder cancer  
2 5 Renal (kidney) cancer

**Others**

2 6 Bone  
2 7 Brain  
2 8 Neuroblastoma  
2 9 Other

**Do not read:**

7 7 Don't know / Not sure  
9 9 Refused

**CSRVRT**

Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

(330)

Cantx

1 Yes [Go to next module]  
2 No  
7 Don't know / Not sure [Go to next module]  
9 Refused [Go to next module]

**CSRVD**

What type of doctor provides the majority of your health care?

(331-332)

**INTERVIEWER NOTE:** If the respondent requests clarification of this question, say: "We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.)."

Candoc

**Please read [1-10]:**

0 1 Cancer Surgeon  
0 2 Family Practitioner  
0 3 General Surgeon

- 0 4 Gynecologic Oncologist
- 0 5 Internist
- 0 6 Plastic Surgeon, Reconstructive Surgeon
- 0 7 Medical Oncologist
- 0 8 Radiation Oncologist
- 0 9 Urologist
- 1 0 Other

**Do not read:**

- 7 7 Don't know / Not sure
- 9 9 Refused

**CSRVSUM**

Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?

Cansum

(333)

**Read only if necessary:** "By 'other healthcare professional' we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional."

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**CSRVRTRN**

Have you EVER received instructions from a doctor, nurse, or other health professional about *where* you should return or *who* you should see for routine cancer check-ups after completing your treatment for cancer?

Caninstr

(334)

- 1 Yes
- 2 No **[Go to CSRVINSR]**
- 7 Don't know / Not sure **[Go to CSRVINSR]**
- 9 Refused **[Go to CSRVINSR]**

**CSRVINST**

Were these instructions written down or printed on paper for you?

Canwrit

(335)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**CSRVINSR**

With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?

Canins

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**INTERVIEWER NOTE: "Health insurance" also includes Medicare, Medicaid, or other types of state health programs.**

**CSRVDEN** Were you EVER denied health insurance or life insurance coverage because of your cancer? (337)

Candeny

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**CSRVCLIN** Did you participate in a clinical trial as part of your cancer treatment? (338)

Canclin

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**CSRVPAIN** Do you currently have physical pain caused by your cancer or cancer treatment? (339)

Canpain

- 1 Yes
- 2 No [Go to next module]
- 7 Don't know / Not sure [Go to next module]
- 9 Refused [Go to next module]

**CSRVCTRL** Is your pain currently under control? (340)

Canpainc

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

## Section 32: Module 23: Random Child Selection [Split 1]

{If split=1 then continue; else if split=2 or 3, go to next section}

**CATI note: If CHILDREN = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.**

**If Core CHILDREN = 1, Interviewer please read:** “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.”  
**[Go to RCSBIRTH]**

**If CHILDREN is >1 and CHILDREN does not equal 88 or 99, Interviewer please read:** “Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last.” Please include children with the same birth date, including twins, in the order of their birth.”

**CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child. (do not display that text on screen) Please substitute “Xth” child’s number in all questions below.**

**INTERVIEWER PLEASE READ:**

“I have some additional questions about one specific child. The child I will be referring to is the “Xth” [CATI: please fill in correct number] child in your household. All following questions about children will be about the “Xth” [CATI: please fill in] child.”

**RCSBIRTH** What is the birth month and year of the “Xth” child?

(460-465)

ChldH1	/	Code month and year
7 7 / 7 7 7 7		Don't know / Not sure
9 9 / 9 9 9 9		Refused

**CATI INSTRUCTION: Calculate the child’s age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).**

**CATI: IF RCSBIRTH=DON'T KNOW (77/7777) OR REFUSED (99/9999), SKIP TO RCSGENDER.**

**CATI: CHECK RESPONSE TO CHLDAGE2 AGAINST ALL RESPONSES TO MA28.1 (all iterations), IF NO MATCHING AGE IS FOUND, CONFIRM CHILD AGE BELOW.**

**CHAGECN** I would like to confirm the age of the selected child in your household. Just now, I recorded the selected child’s age as [CHLDAGE2] years. Earlier, when recording the ages of all household members, I did not record a [CHLDAGE2] year old. Do I need to update the ages recorded earlier? Or do I need to update the age of the selected child?

1. Update earlier child age from household inventory **GO BACK TO MA28.1**
2. Update selected child age from this section **GO BACK TO RCSBIRTH**
3. Refused **GO TO RCSGENDR**

**RCSGENDR** Is the child a boy or a girl?

(466)

ChldH2
--------

- 1 Boy
- 2 Girl
- 9 Refused

**RCHISLAT** Is the child Hispanic or Latino?

(467)

ChldH3

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**RCSRACE** Which one or more of the following would you say is the race of the child?

(468-473)

ChldH4a

ChldH4b

ChldH4c

ChldH4d

ChldH4e

ChldH4f

**[Check all that apply]**

**Please read:**

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native

**Or**

- 6 Other [specify] \_\_\_\_\_

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

**{CATI note: If more than one response to RCSRACE, continue. Otherwise, go to RCSRLTN2}**

**RCSBRACE** Which one of these groups would you say best represents the child's race?

(474)

ChldR1

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other
- 7 Don't know / Not sure
- 9 Refused

**RCSRLTN2** How are you related to the child?

(475)

ChldR2

**Please read:**

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

## Module 27: H1N1 ILI (Influenza Like Illness) Child [Split 1]

---

{If split=1, then continue; else if split=2 or 3, go to next section}

**TO BE ASKED JAN – MARCH, OCTOBER-DECEMBER 2010**

**CATI:** If response to CHILDREN = 88 (None) or 99 (Refused), go to next module.

The next two questions are about the “Xth” child. .

**H1N1CQ01.** Last month (i.e September [to change each month of survey]), Did the child have a fever with cough and/or sore throat?

(931)

- 1 Yes
- 2 No [Go to next module]
- 7 Don't know [Go to next module]
- 9 Refused [Go to next module]

**H1N1CQ02.** Did the child visit a doctor, nurse, or other health professional for this illness?

(932)

- 1 Yes
- 2 No [Go to next module]
- 7 Don't know [Go to next module]
- 9 Refused [Go to next module]

## Section 33: Module 24: Childhood Asthma Prevalence [Split 1]

---

{If split=1, then continue; else if split=2 or 3, go to next section}

**CATI note:** If response to CHILDREN = 88 (None) or 99 (Refused), go to next module.

**CASTHDX2** Has a doctor, nurse or other health professional EVER said that the child has asthma? (476)

Chasth4	1	Yes	
	2	No	[Go to next module]
	7	Don't know / Not sure	[Go to next module]
	9	Refused	[Go to next module]

**CASTHNO2** Does the child still have asthma? (477)

Chasth4a	1	Yes	
	2	No	
	7	Don't know / Not sure	
	9	Refused	

## Module 30: Novel H1N1 Childhood Immunization [Split 1]

{If split=1, then continue; else if split=2 or 3, go to next section}

**TO BE ASKED JAN – JUNE 2010**

**CATI note:** If response to CHILDREN = 88 (None) or 99 (Refused), go to next module.

**CATI note:** If selected child's age is  $\geq 6$  months, continue. Otherwise, go to next module.

The next questions are about this child's immunizations.

**H1N1CV01** I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu. There are two ways to get the H1N1 flu vaccination. One is a shot and the other is a spray, mist or drop in the nose.

Since September, 2009, has [Fill: he/she] been vaccinated either way for the H1N1 flu vaccination?

(937)

1	Yes	
2	No	[Go to next module]
7	Don't Know / Not Sure	[Go to next module]
9	Refused	[Go to next module]

**CATI note:** If Child age is 10 years or older, Go to H1N1CV03.

**H1N1CV02** Since September 2009, how many of these H1N1 vaccinations has [Fill: he/she] received?

(938)

1	One vaccination or dose	
2	Two or more vaccination doses	
7	Don't Know / Not Sure	[Go to next module]

9 Refused

[Go to next module]

**H1N1CV03** During what month did [Fill: he/she] receive [Fill: his/her]  
(CATI note: if child age < 10, "first H1N1 flu vaccine?"; otherwise, "H1N1 flu vaccine?")  
(939-940)

\_\_ Month [RANGE 7-12, 77, 99]  
01=January, 02=February, 03=March, 04=April, 05=May, 06=June, 07=July, 08=August,  
09=September, 10=October, 11=November, 12=December  
77 Don't Know / Not Sure  
99 Refused

**CATI note:** [If H1N1CV03\_Month is (7, 8, 9, 10, 11, 12) then H1N1CV03\_Year=2009; else if  
H1N1CV03\_Month is (1, 2, 3, 4, 5, 6) then H1N1CV03\_Year=2010]

**VR02** That was [FILL IN NAME OF MONTH] of [FILL IN YEAR], correct?

1 Yes [CONTINUE]  
2 No [RE-ASK H1N1CV03]

**H1N1CV04** Was this a shot or was it a vaccine sprayed in the nose?  
(941)

1 Flu shot  
2 Flu Nasal Spray (spray, mist or drop in the nose)  
7 Don't Know / Not Sure  
9 Refused

**CATI note:** If Child age ≥ 10 Go to next module. If H1N1CV02 = 2, THEN ASK H1N1CV05,  
otherwise Go to next module.

**H1N1CV05** During what month did [Fill: he/she] receive [Fill: his/her] second H1N1 flu vaccine?  
(942-943)

\_\_ Month [RANGE 7-12, 77, 99]  
01=January, 02=February, 03=March, 04=April, 05=May, 06=June, 07=July, 08=August,  
09=September, 10=October, 11=November, 12=December  
77 Don't Know / Not Sure  
99 Refused

**CATI note:** [If H1N1CV05\_Month is (7, 8, 9, 10, 11, 12) then H1N1CV05\_Year=2009; else if  
H1N1CV05\_Month is (1, 2, 3, 4, 5, 6) then H1N1CV05\_Year=2010]

[If Date (H1N1CV05\_Month, H1N1CV05\_Year) < Date (H1N1CV03\_Month,  
H1N1CV03\_year), interviewer verify responses]

**VR03** That was [FILL IN NAME OF MONTH] of [FILL IN YEAR], correct?

1 Yes [CONTINUE]  
2 No [RE-ASK H1N1CV05]

**H1N1CV06** Was this a shot or was it a vaccine sprayed in the nose?

- 1 Flu shot
- 2 Flu Nasal Spray (spray, mist or drop in the nose)
- 7 Don't Know / Not Sure
- 9 Refused

## Section 34: State-Added: Childhood Health [Split 1]

---

{If split = 1 then continue, else if split = 2 or 3 then go to next section}

{CATI: If CHILDREN = 88 (None) or 99 (Refused), go to next section.}

### HINSCH3

Hinsch3

Does this child have any kind of health coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid, MassHealth, or Children's Medical Security Plan?

(643)

- 1 Yes [Go to HINSCH5]
- 2 No
- 7 Don't know/Not sure [Go to HINSCH5]
- 9 Refused [Go to HINSCH5]

### HINSCH4

Hinsch4

There are some types of health care coverage you may not have considered. Does this child have coverage through your employer, someone else's employer, Medicaid, MassHealth, or some other source?

(644)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

### HINSCH5

Hinsch5

About how long has it been since this child last visited a doctor for a routine check-up, physical examination, or wellness visit?

(645)

#### Please read:

- 1 Within 1 month
- 2 Within the past 3 months (1-3 months)
- 3 Within the past 6 months (4-6 months)
- 4 Within the past year (7-12 months)
- 5 More than one year

#### Do Not Read:

- 7 Don't know
- 9 Refused

**HINSCH6** Was there a time during the last 12 months when this child needed to see a doctor but did not because of the cost? (646)

Hinsch6

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

**[Pre-HINSCH7]: {IF CHILDAge2 < 3 years old OR IF CHILDAge2 = DK/REF GO TO Pre-HINSCH9; ELSE continue}**

**HINSCH7** **[Children age 3-17]** Within the last 12 months, has this child visited a dentist for a routine check-up, cleaning, or examination? (647)

Hinsch7

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

**Pre-HINSCH9: {If CHILDAge2 < 6 then GO to HINSCH8}**

**HINSCH9** **[Children age 6-17]** A dental sealant is a clear or white plastic-like material that is painted on a child's back teeth by a dentist or hygienist to prevent tooth decay. Has this child ever received dental sealants on their permanent teeth? (648)

Hinsch9

**[NOTE: Permanent teeth come in after primary teeth and include molars]**

- 1 Yes
- 2 No **[Go to HINSCH8]**
- 7 Don't Know/Not Sure **[Go to HINSCH8]**
- 9 Refused **[Go to HINSCH8]**

**HINSCH10** On how many of this child's permanent teeth are there dental sealants? (649)

Hinsch10

**Please Read:**

- 1 1-4 teeth
- 2 5-8 teeth

**Do Not Read:**

- 7 Don't know/Not sure
- 9 Refused

**HINSCH8** **[All Children]** Was there a time during the last 12 months when this child needed dental care but did not receive it because of the cost, because no dentist would take your insurance, or because you could not find a dentist for this child?

Hinsch8

(650)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

## Section 35: State-Added: Primary Care/Medical Home Questions [Split 1]

{If split=1 then continue; else if split=2 or 3 then go to next section}

**Pre-PCAPPT: If PERSDOC2 = 1, 2, continue; otherwise, go to next section**

Now I will ask you some questions about your doctor or health care provider.

### PCAPPT

pcappt

In the last 12 months, when you called this doctor's or health care provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you thought you needed it?

(808)

- 1 Never
- 2 Almost never
- 3 Sometimes
- 4 Usually
- 5 Almost always
- 6 Always

#### Do not read:

- 7 Don't know / not sure
- 8 I did not need care for an illness or injury in the last 12 months. **[Go to next section]**
- 9 Refused

### PCKNOW

pcknow

In the last 12 months, how often did this doctor or health care provider seem to know the important information about your medical history?

(809)

- 1 Never
- 2 Almost never
- 3 Sometimes
- 4 Usually
- 5 Almost always
- 6 Always
- 7 Don't know / not sure
- 9 Refused

### PCSPEC

pcspect

In the last 12 months, how often did this doctor or health care provider seem informed and up-to-date about the care you got from specialist doctors?

(810)

- 1 Never
- 2 Almost never
- 3 Sometimes

- 4 Usually
- 5 Almost always
- 6 Always
- 7 Don't know / not sure
- 8 I did not see any specialist doctors in the last 12 months
- 9 Refused

#### PCMEDS

In the last 12 months, did this doctor or health care provider ask you about each of the different medicines you take, including medicines prescribed by other doctors?

(811)

pcmeds

- 1 Yes
- 2 No
- 3 I do not remember
- 4 I do not take any medicines prescribed by other doctors
- 7 Don't know
- 9 Refused

### Section 36: State-Added: Industry and Occupation: [Splits 1, 2, 3]

If EMPLOY = 3, 9, Go to next section.

If EMPLOY = 1, 2, 4 then Go to WRKCMP2A

If EMPLOY = 5, 6, 7, 8, then read statement: 'We would like to know if you have worked in the last year.' And begin with question WRKCMP1.

#### WRKCMP1

During the past twelve months, have you been employed for any period of time, either part time, full time or self-employed?

Wrkcmp1

- 1 Yes, employed full time or part time.
- 2 Yes, self-employed.
- 3 No. **[Go to next section]**
- 7 Don't know/Not Sure. **[Go to next section]**
- 9 Refused. **[Go to next section]**

#### WRKCMP2A

What kind of business or industry [do you (if EMPLOY=1 OR 2) / did you, in the past year, (if EMPLOY NE 1 OR 2)] work in? Please be specific. (For example, hospital, elementary school, clothing manufacturing, grocery store, restaurant)

Wrkcmp2a

[If the respondent provides a one word answer: "MANUFACTURING", ask "What does the business or company make?" RECORD BOTH THE PRODUCT MADE and "MANUFACTURING". E.g computer manufacturing; clothing manufacturing; appliance manufacturing, etc.]

Specify: \_\_\_\_\_

**WRKCMP2B**

Wrkcmp2b

What kind of work [do you (if EMPLOY=1 OR 2) / did you, in the past year, (if EMPLOY NE 1 OR 2) do, that is, what is (if EMPLOY=1 OR 2) / was (if EMPLOY NE 1 OR 2)] your occupation? (For example, registered nurse, janitor, cashier, auto mechanic)

Specify: \_\_\_\_\_

## Section 37: State-Added: Worker's Compensation [Split 1]

---

{If split = 1, continue; if split = 2 or 3, go to next section}

**IF WRKCMP1 = 1 OR 2 (Employed full/part time, self employed), CONTINUE**

**IF EMPLOY = 1, 2, 4, CONTINUE; ELSE GO TO NEXT SECTION**

**Pre-WRKCMP3:** The next question is about whether you have had a work-related injury. As a reminder, all your answers are strictly confidential.

**WRKCMP3** During the past 12 months, that is since **{one year before today's date}** were you injured seriously enough while performing your job that you got medical advice or treatment?

Wrkcmp3

- |   |                     |                             |
|---|---------------------|-----------------------------|
| 1 | Yes                 |                             |
| 2 | No                  | <b>[Go to next section]</b> |
| 7 | Don't know/Not Sure | <b>[Go to next section]</b> |
| 9 | Refused             | <b>[Go to next section]</b> |

**WRKCMP4** How many days of work did you miss because of your most recent work-related injury?

Wrkcmp4

- |   |                     |
|---|---------------------|
| 1 | None                |
| 2 | One or two days     |
| 3 | Three or four days  |
| 4 | Five days           |
| 5 | Six days            |
| 6 | Seven or more days  |
| 7 | Don't know/Not sure |
| 9 | Refused             |

**WRKCMP5** For your most recent work-related injury, who paid for your treatment?

Wrkcmp5

**Please Read:**

- 01 Workers' compensation. **[Go to next section]**
- 02 Private Insurance.
- 03 Medicare, Medicaid, MassHealth, MassHealth PCC, CommonHealth
- 14 MassHealth HMOs offered through Neighborhood Health Plan, Fallon Community Health Plan, BMC HealthNet or Network Health or Commonwealth Care
- 04 Indian Health Service/Alaska Native Health Service.
- 05 The military, CHAMPUS, TriCare or the VA [or CHAMP-VA] **[Go to next section]**
- 06 Federal government (OWCP program). **[Go to next section]**
- 07 You or your family; out of pocket.
- 08 Your employer through a workers' compensation claim. **[Go to next section]**
- 09 Your employer without a workers' compensation claim.
- 10 Your employer without a workers' compensation claim and through on-site medical treatment.
- 11 The union.
- 12 Other source. [Specify: \_\_\_\_\_]
- 13 Workers' compensation claim filed, still in process or not resolved. **[Go to next section]**

**Do not read:**

- 88 No one paid; no treatment. **[Go to next section]**
- 77 Don't know/not sure. **[Go to next section]**
- 99 Refused. **[Go to next section]**

**WRKCMP6** For your most recent work-related injury, why was the treatment not paid for by workers' compensation?

Wrkcmp6

**Please Read:**

- 01 You did not know you could file a claim.
- 02 Your doctor did not want to file a claim
- 03 You did not want to file a claim because you were worried about retaliation
- 04 Your workers' compensation claim was rejected
- 05 Your employer paid for treatment
- 06 You are not covered, so no claim was filed
- 07 Other reason [specify: \_\_\_\_\_]

**Do not read:**

- 88 No reason given
- 77 Don't Know/Not Sure
- 99 Refused/ Go to next Section

## Section 38: State-Added: Osteoporosis [Splits 1, 2, 3]

Osteoporosis (os-tee-oh-por-o-sis) is a condition where bones become brittle and break (fracture) more easily. It is not the same condition as osteoarthritis, a joint disease.

**OST11** Have you ever been told by a doctor, nurse, or other health professional how to prevent osteoporosis?

Ost11

1. Yes
2. No
7. Don't know/Not sure
9. Refused

**OST2A** A bone density test uses a special machine to look for osteoporosis. Have you ever had a bone density test?

Ost2a

1. Yes
2. No
7. Don't know/Not sure
9. Refused

**Interviewer Note:** bone density tests can include ultrasound, x-ray, or DEXA and can be performed on the heel, finger, forearm/wrist, or spine. Bone density tests take about 15 minutes to perform and are not the same as bone scans which can take hours to perform and use injections.

**OST3A** Have you ever been told by a doctor, nurse or other health professional that you have osteoporosis?

Ost3a

**{Note:** don't include osteopenia or low bone mass}

- |                        |                      |
|------------------------|----------------------|
| 1. Yes                 | <b>[Go to OST12]</b> |
| 2. No                  | <b>[Go to NTR3F]</b> |
| 7. Don't know/Not sure | <b>[Go to NTR3F]</b> |
| 9. Refused             | <b>[Go to NTR3F]</b> |

**OST12** Are you currently taking prescription medicine for your osteoporosis other than calcium supplements and multivitamins?

Ost12

1. Yes
2. No
7. Don't Know/Not sure
9. Refused

**Interviewer Note:** Osteoporosis medications include: Actonel (Risedronate), Cholecalciferol, Ergocalciferol, Estrogen, Evista (Raloxifene), Forteo (Teriparatide, Parathyroid Hormone), Fosomax (Alendronate), Miacalcin (Nasal spray calcitonin), Rocaltrol, Testosterone and Vitamin D by prescription

**NTR3F**

Ntr3f

Are you currently taking calcium supplements, or antacids containing calcium for bone health?

- 1 Yes
- 2 No
- 7 Don't Know/Not sure
- 9 Refused

**Interviewer Note:** Antacids containing calcium include Roloids and Tums, Calcium supplements include the following: Caltrate, Os-Cal, Tums Ultra, Viactiv, Citracal, Calcium Citrate, Calcet, and Posture-D

**OST4A**

Ost4a

How often do you do physical activities, specifically designed to strengthen your muscles such as lifting weights, push ups or pull-ups?

- 1 \_ \_ Times per day
- 2 \_ \_ Times per week
- 3 \_ \_ Times per month
- 4 \_ \_ Times per year
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**NTR1B**

Ntr1b

How often do you eat foods that are high in calcium such as milk, yogurt, cheese, or calcium fortified food?

- 1 \_ \_ Times per day
- 2 \_ \_ Times per week
- 3 \_ \_ Times per month
- 4 \_ \_ Times per year
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

## Section 39: State-Added: Family Planning [Split 3]

---

If Split = [1, 2], Go to Next Section;

If respondent is female and 51 years of age or older, Go to next section

If PREGNANT = 1 or HADHYST2 = 1, Go to FAMPL12

If respondent is male, 60 years of age or older, Go to next section

Else if respondent is a female & 18-50 years of age, or male & 18-59 years of age, Continue.

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

### FAMP14C

Fampl4c

Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy. Are you or your [if female, insert husband/partner, if male, insert wife/partner] doing anything now to keep [if female, insert yourself], if male, insert her] from getting pregnant?

**NOTE: If more than one partner, consider usual partner.**

- |   |                                |                      |
|---|--------------------------------|----------------------|
| 1 | Yes                            |                      |
| 2 | No                             | [Go to FAMP16C]      |
| 3 | No partner/not sexually active | [Go to pre-BC_SATIS] |
| 4 | Same sex partner               | [Go to pre-BC_SATIS] |
| 7 | Don't know / Not sure          | [Go to pre-BC_SATIS] |
| 9 | Refused                        | [Go to pre-BC_SATIS] |

**FAMPL5C**

What are you or your [if female, insert husband/partner, if male, insert wife/partner] doing now to keep [if female, insert yourself, if male, insert her] from getting pregnant?

Fampl5c

**[SINGLE RESPONSE, IF NEEDED: What is the primary method?]**

**(Read only if necessary)**

- 01 Tubes tied (or female sterilization)
- 03 Vasectomy (male sterilization)
- 04 Birth control pills (any kind, including mini pills)
- 06 Contraceptive implants (for example Implanon or Norplant)
- 07 Shots (for example, Depo-Provera)
- 09 Contraceptive Patch (for example, Ortho Evra)
- 10 Diaphragm, cervical cap, sponge, or shield
- 11 IUD (Mirena, ParaGuard, or Copper T)
- 12 Emergency contraception (for example, morning after pill or Plan B)
- 13 Withdrawal or pulling out
- 14 Not having sex at certain times (for example, natural methods, rhythm calendar, temperature awareness, or cervical mucus)
- 15 Foam, jelly, or cream
- 16 Other: Specify: \_\_\_\_\_
- 17 Condoms (male)
- 18 Condoms (female)
- 19 Contraceptive ring (for example, Nuvaring)

**Do not read**

- 77 Don't know / Not sure
- 99 Refused

**INTERVIEWER NOTE: If respondent reports "other method," ask respondent to "please specify" and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.**

**All IN MA 39.2 GO TO PRE-BC\_SATIS**

**FAMP16C**

What is the main reason for not doing anything to keep [if female, insert "yourself," if male, insert "your wife/partner"] from getting pregnant?

Fampl6c
---------

**Read only if necessary**

- 01 Didn't think was going to have sex/no regular partner
- 02 You want a pregnancy
- 03 You or your partner don't want to use birth control
- 04 You or your partner don't like birth control/fear side effects
- 05 You can't pay for birth control
- 06 Lapse in use of a method
- 07 Don't think you or your partner can get pregnant
- 08 You or your partner had tubes tied (sterilization)
- 09 You or your partner had a vasectomy (sterilization)
- 10 You or your partner had a hysterectomy
- 11 You or your partner are too old
- 12 You or your partner are currently breast-feeding
- 13 You or your partner just had a baby/postpartum
- 14 Other reason
- 15 Don't care if get pregnant
- 16 You or Partner are pregnant now
- 17 Religious reasons

**Do not read**

- 77 Don't know / Not sure
- 99 Refused

**Pre BC\_SATIS:** {If respondent is male go to Next Section;

Else if respondent is a female, age 18-50, and FAMP14C = [2,3,4,7,9], go to FAMPL12;

Else if respondent is a female, age 18-50, and FAMP14C = 1, continue}.

**BC\_SATIS**

Overall, how satisfied are you with using {enter response to MA39.2} as a birth control method? Would you say you are...

BC_satis
----------

**PLEASE READ:**

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very Dissatisfied

**Do not read:**

- 7 Don't know
- 9 Refused

**FAMPL12**

Have you ever heard of or read about Emergency Contraception (the morning after pill)?

Fampl12
---------

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

**[Please read]:**

Emergency contraception is a method of birth control that women can use to prevent pregnancy after having unprotected sex.

**FAMPL13.** If you or someone you knew needed it, how could someone get emergency contraception in Massachusetts? Could she get it from a...

**Please read:**

**FAMPL13a** A doctor at a doctor's office

Fampl13a	1	Yes
	2	No
	7	Don't Know
	9	Refused

**FAMPL13b** A hospital emergency room

Fampl13b	1	Yes
	2	No
	7	Don't Know
	9	Refused

**FAMPL13c** A community health center or clinic

Fampl13c	1	Yes
	2	No
	7	Don't Know
	9	Refused

**FAMPL13d** A women's health center or family planning clinic

Fampl13d	1	Yes
	2	No
	7	Don't Know
	9	Refused

**FAMPL13e** A college health center

Fampl13e	1	Yes
	2	No
	7	Don't Know
	9	Refused

**FAMPL13f** A pharmacist with a doctor's prescription

Fampl13f	1	Yes
	2	No
	7	Don't Know
	9	Refused

**FAMPL13g** A pharmacist without a doctor's prescription (that is, it is kept behind the pharmacy counter and you have to ask for it to get it)

Fampl13g

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

**FAMPL13h** Some other place?

Fampl13h

- 1 Yes [Specify]: \_\_\_\_\_
- 2 No
- 7 Don't Know
- 9 Refused

**FAMPL14** Have you ever used emergency contraception to keep from getting pregnant after having unprotected sex?

Fampl14

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

{pre-FAMPL1: If pregnant now (PREGNANT = 1), go to FAMPL3, else if female, age 18-50, and PREGNANT = [2,7,9], continue}

**FAMPL1** Have you been pregnant in the last 5 years?

Fampl1

- 1 Yes
- 2 No [Go to FAMPL10A]
- 7 Don't know/Not sure [Go to FAMPL10A]
- 9 Refused [Go to FAMPL10A]

**FAMPL2** Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant?

Fampl2

Would you say:

**[Please Read]**

- 1 You wanted to be pregnant sooner [Go to FAMPL10A]
- 2 You wanted to be pregnant later [Go to FAMPL10A]
- 3 You wanted to be pregnant then [Go to FAMPL10A]
- 4 You didn't want to be pregnant then or at anytime in the future [Go to FAMPL10A]

**Do Not Read**

- 7 You don't know [Go to FAMPL10A]
- 9 Refused [Go to FAMPL10A]

**FAMPL3**

Thinking back to just before you got pregnant with your current pregnancy, how did you feel about becoming pregnant?

Fampl3

Would you say:

**Please Read:**

- 1 You wanted to be pregnant sooner
- 2 You wanted to be pregnant later
- 3 You wanted to be pregnant then
- 4 You didn't want to be pregnant then or at anytime in the future

**Do not read:**

- 7 You don't know
- 9 Refused

**FAMPL10A**

How do you feel about having a child now or sometime in the future?

Fampl10a

Would you say:

**Please read**

- 1 You don't want to have one
- 2 You do want to have one, less than 12 months from now
- 3 You do want to have one, between 12 months to less than 2 years from now
- 4 You do want to have one, between 2 years to less than 5 years from now
- 5 You do want to have one, 5 or more years from now

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

## Section 40: State-Added: Sexual Behavior [Split 3]

---

{If split = 3 then continue, else if split = 1 or 2 then go to next section}

{If AGE = 18-64, 7, 9) then continue; else go to Next Section}

The next questions are about your sexual behavior. We realize that this is a very personal topic, but we ask these questions of everyone because the answers people give us help us to plan services for Massachusetts residents. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to. When answering these questions, please keep in mind that by sex we mean oral, vaginal, or anal sex, but NOT masturbation.

**SEXYESNO** During the past 12 months, have you had sex?

(826)

Sexyesno

- |   |                      |               |
|---|----------------------|---------------|
| 1 | Yes                  |               |
| 2 | No                   | [Go to SEXB1] |
| 7 | Don't Know/ Not sure | [Go to SEXB1] |
| 9 | Refused              | [Go to SEXB1] |

**SEX12MB** During the past 12 months, with how many people have you had sex?

(827-829)

Sex12mb

- |                               |                       |
|-------------------------------|-----------------------|
|                               | Enter Number          |
| <u>  </u> <u>  </u> <u>  </u> | Don't know / Not sure |
| 9 9 9                         | Refused               |

{CATI: If SEX12MB = 1, go to SEXGEND2}

**SEXGEND1** During the past 12 months, have you had sex with only males, only females, or with both males and females?

(830)

Sexgend1

- |   |                        |                  |
|---|------------------------|------------------|
| 1 | Only males             | [Go to SEXCONDA] |
| 2 | Only females           | [Go to SEXCONDA] |
| 3 | Both males and females |                  |
| 7 | Don't Know/ Not sure   |                  |
| 9 | Refused                |                  |

**SEXGEND2** The last time you had sex, was your partner male or female?

(831)

Sexgend2

- |   |                      |               |
|---|----------------------|---------------|
| 1 | Male                 |               |
| 2 | Female               |               |
| 7 | Don't Know/ Not Sure | [Go to SEXB1] |
| 9 | Refused              | [Go to SEXB1] |

**SEXCONDA** Now, thinking back about the last time you had sex, did you or your partner use a condom?

(832)

Sexconda

- |   |            |               |
|---|------------|---------------|
| 1 | Yes        | [Go to SEXB1] |
| 2 | No         |               |
| 7 | Don't Know | [Go to SEXB1] |
| 9 | Refused    | [Go to SEXB1] |

**NOCOND1A**

Which statement best describes the reason you did not use a condom the last time you had sex?

Nocond1a

(833-834)

**Please Read**

- 1 A) My partner and I only have sex with each other
- 2 B) I do not like to use condoms
- 3 C) no condom was available
- 4 D) My partner and I had oral sex only
- 5 E) my partner and I were using another form of birth control
- 6 F) my partner and I were trying to get pregnant
- 8 G) my partner and I never discussed using condoms
- 10 H) I was drunk or high

**Or**

- 11 Some other reason (specify) \_\_\_\_\_

**Do Not Read**

- 7 Don't Know / Not Sure
- 9 Refused

**SEXB1**

During the past 12 months has a doctor, nurse or other health professional talked to you about Chlamydia?

Sexb1

(835)

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

**SEXB2**

During the past 12 months has a doctor, nurse or other health professional asked you about your sexual behavior?

Sexb2

(836)

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

**SEXDD**

During the past 12 months has a doctor, nurse or other health professional asked you about your drinking or drug use?

Sexdd

(837)

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

## Section 41: State-Added: Sexual Violence [Split 3]

CHANGES EFFECTIVE JULY 1, 2010

{If split = 3 continue; else if split = 1 or 2, go to Next Section}

Now I'd like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. ***You may or may not have had some of these experiences yourself, but we ask everyone these questions so we can get a better idea of how common they are.***

**SSVSKP\_A** This is a sensitive topic. Some people may feel uncomfortable with these questions. Remember that your answers are strictly confidential and that you don't have to answer any question you don't want to. If you would like to skip this section please say so. ,

- 1 Respondent asks to skip section **[Go to SV Closing Statement]**
- 2 Continue

At the end of this section, I will give you a telephone number for an organization that can provide information and referral for these issues.

**SSVSKP:** Are you in a safe place to answer these questions?

(838)

- |        |       |                                          |
|--------|-------|------------------------------------------|
| Ssvskp | 1 Yes | 2 No <b>[Go to SV Closing Statement]</b> |
|--------|-------|------------------------------------------|

My first questions are about unwanted sexual experiences you may have had.

***As I read these questions, please keep in mind that they are about things that can be done to a person by anyone, including family members, friends, spouses, dating or other romantic partners, co-workers, acquaintances, strangers, or anyone else.***

**SEXSIT2** In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to, or without your consent (for example being groped or fondled)?

(839)

- |         |       |      |                         |           |
|---------|-------|------|-------------------------|-----------|
| Sexsit2 | 1 Yes | 2 No | 7 Don't know / Not sure | 9 Refused |
|---------|-------|------|-------------------------|-----------|

**SEXSIT1** In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like sexual harassment, someone exposing sexual parts of their body to you, being seen by a peeping Tom, or someone making you look at sexual photos or movies?

(840)

- |         |       |      |                         |           |
|---------|-------|------|-------------------------|-----------|
| Sexsit1 | 1 Yes | 2 No | 7 Don't know / Not sure | 9 Refused |
|---------|-------|------|-------------------------|-----------|

Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your {vagina **[If female]**}, anus, or mouth or making you do these things to them after you said or showed that you didn't want to.

It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

**SEXATT2** Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent? (841)

Sexatt2

1	Yes	
2	No	[Go to SEXATT1]
7	Don't know / Not sure	[Go to SEXATT1]
9	Refused	[Go to SEXATT1]

**SEXATT2A** Has this happened in the past 12 months? (842)

Sexatt2a

1	Yes
2	No
7	Don't know / Not sure
9	Refused

**SEXATT1** Has anyone EVER ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR? (843)

Sexatt1

1	Yes	
2	No	[Go to MA41.7]
7	Don't know / Not sure	[Go to MA41.7]
9	Refused	[Go to MA41.7]

**SEXATT1A** Has this happened in the past 12 months? (844)

Sexatt1a

1	Yes
2	No
7	Don't know / Not sure
9	Refused

**{CATI: If SEXATT2= 1 (Yes) or SEXATT1 = 1 (Yes); continue. Otherwise, read SV Closing Statement.}**

**MA41.7**

Sexast7a-c

Think about the time of the most recent incident involving a person who **had sex with you** –or- **attempted to have sex with you** after you said or showed that you didn't want to or without your consent? What was that person's relationship to you?

**CODE UP TO 3 RESPONSES**

(845-850)

**Do not read:**

- 0 1 Current boyfriend/girlfriend
- 0 2 Former boyfriend/girlfriend
- 0 3 Fiancé/Fiancée
- 0 4 Spouse or live-in partner
- 0 5 Former spouse or former live-in partner
- 0 6 Someone you were dating
- 0 7 First Date
- 0 8 Friend
- 0 9 Acquaintance
- 1 0 A person known for less than 24 hours
- 1 1 Complete stranger
- 1 2 Parent
- 1 3 Step-parent
- 1 4 Parent's partner
- 1 5 Parent in-law
- 1 6 Other relative
- 1 7 Neighbor
- 1 8 Co-worker
- 1 9 Other non-relative
- 2 0 Multiple perpetrators
- 7 7 Don't know / Not sure
- 9 9 Refused

**SEXAST12**

Sexast12

**[IF ONE RESPONSE CODED IN MA41.7 and M41.7 NE 20, ASK:]** Was the person who did this male or female?

**[IF MA41.7=20 OR IF MULTIPLE RESPONSES GIVEN IN MA41.7, ASK:]** Were the persons who did this male, female or both?

(851)

- 1 Male
- 2 Female
- 3 male and female **[only show on screen if MA41.7=20 OR if MORE THAN one response coded in MA41.7]**
- 7 Don't know / Not sure
- 9 Refused

**SV Closing Statement:** We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call **1-800-841-8371**. Would you like me to repeat this number?

NOTE: Spanish-language sample should be given the following number to call: **1-800-223-5001**.

## Section 42: State-Added: Suicide [Split 2]

{If split = 2, continue; else if split = 1 or 3, go to Next Section}

**SSUISKP** The next questions deal with suicide. I realize this can be a sensitive topic and some people may feel uncomfortable with these questions. Remember that your answers are strictly confidential and that you don't have to answer a question if you don't want to. If you would like to skip this section please say so.

**[IF RESPONDENT ASKS TO SKIP SUICIDE SECTION PLEASE CODE]:**

(852)

Ssuiskp

- |   |                                 |                                          |
|---|---------------------------------|------------------------------------------|
| 1 | Respondent asks to skip section | <b>[Go To Suicide Closing Statement]</b> |
| 2 | Continue                        |                                          |

Sometimes people feel so depressed and hopeless about the future that they may consider suicide, that is, taking some action to end their own life. The next questions ask about attempted suicide.

**SUIC1** During the past 12 months, did you ever seriously consider attempting suicide?

(853)

Suic1

- |   |                     |                                          |
|---|---------------------|------------------------------------------|
| 1 | Yes                 |                                          |
| 2 | No                  | <b>[Go To Suicide Closing Statement]</b> |
| 7 | Don't know/Not sure | <b>[Go To Suicide Closing Statement]</b> |
| 9 | Refused             | <b>[Go To Suicide Closing Statement]</b> |

**SUIC2** During the past 12 months, did you actually attempt suicide?

(854)

Suic2

- |   |                     |                                          |
|---|---------------------|------------------------------------------|
| 1 | Yes                 |                                          |
| 2 | No                  | <b>[Go to SUIC6]</b>                     |
| 7 | Don't know/Not sure | <b>[Go To Suicide Closing Statement]</b> |
| 9 | Refused             | <b>[Go To Suicide Closing Statement]</b> |

**SUIC5** During the past 12 months, did any suicide attempt result in an injury that required treatment by a doctor, nurse, or other health professional?

(855)

Suic5

- |   |                     |
|---|---------------------|
| 1 | Yes                 |
| 2 | No                  |
| 7 | Don't know/Not sure |
| 9 | Refused             |

# **SUIC6**

Who, if anyone, have you spoken to about {if SUIC1=1 and SUIC2=2 say “considering”, if SUIC1=1 and SUIC2=1 say “considering or attempting”}, suicide? (856-863)

Suic6a

Suic6b

Suic6c

Suic6d

[Code up to four]

## **Please Read**

- 01 No one
- 02 A family member or friend
- 03 A crisis hotline or support group
- 04 A therapist or counselor
- 05 A medical provider
- 06 A clergy person
- 07 Another professional
- 08 Other [specify: \_\_\_\_\_]

## **Do not read**

- 77 Don't know/Not sure
- 99 Refused

## **Suicide Closing Statement:**

If you or anyone you know is feeling depressed or considering suicide, they can get help on the phone by calling the **National Crisis line at 1-800-273-TALK (1-800-273-8255)**. You can also speak directly to your doctor or health provider.

## **Section 43: Asthma Call-Back Permission Script [Split 1]**

{CATI: If Split = 1 and (ASTHMA2 = 1 or CASTHDX2 = 1), continue; Else go to NEXT SECTION}

**CALLBACK** We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's/your or your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in **MASSACHUSETTS**. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

(497)

Asthm\_fu

- 1 Yes
- 2 No

**GO TO CLOSING**

**Pre CHILDName:** If CASTHDX2 = 1; ask CHILDName; else go to ADULTName.

**CHILDName** Can I please have your child's first name, initials or nickname so we can ask about the right child when we call back? This is the {CHILDAGE} year old child which is the {AGESEL.} CHILD.



[CATI: If more than one child, show child age {#} and which child was selected (*FIRST*, *SECOND*, *ETC.*) from child selection module]

Enter child's first name, initials or nickname: \_\_\_\_\_  
Refused .....99

**Pre ADULTName: ASTHMA2 = 1 or CASTHDX2 = 1 ASK ADULTName, else go to CLOSING.**  
**ADULTName** Can I please have your first name, initials or nickname so we know who to ask for when we call back?

Enter respondent's first name, initials or nickname: \_\_\_\_\_  
Refused .....99

### State-Added 43a: Follow-up Permission Script [Splits 1, 2, 3]

---

**CATI, CREATE A DISABILITY CALLBACK VARIABLE: DISCB=2.**

**IF ((QLACTLM2=1 OR USEEQUIP=1 OR DISB2=1 OR DISB2A=1) AND AGE>17 AND AGE<65, THEN DISCB=1**

**DISCB**

- 1 Eligible
- 2 Not Eligible

**Pre-FOLLOWUP: {Ask of all respondents, all splits}**

**FOLLOWUP** Finally, would you be willing to be contacted at some time in the future to participate in a follow-up survey?

Followup

(878)

- 1 Yes
- 2 No **GO TO CLOSING STATEMENT**

**IF CALLBACK=1 AND ASTHMA2=1, GO CLTM.**

**IF DISCB=1 (eligible for Disability Callback), ASK RSPNM – CTPHN1. ELSE GO TO CLOSING STATEMENT**

**rspnm** Can I please have your first name, initials or nickname so we know who to ask for when we call back?

Enter respondent's first name, initials or nickname: \_\_\_\_\_  
Refused .....99

**CLTM** Is there a time of day that is best to reach you?

- 1 Yes (specify)
- 2 No

**CTPHN** Is [PHONE] the best number to call you for a follow-up survey?

- 1 Yes **GO TO CLOSING STATEMENT**
- 2 No **ASK CTPHN1**

**CTPHN1** What is the best number to reach you?

Enter phone number: \_\_\_\_\_  
Refused ..... 9

## Closing statement

---

### {Read to All}

That is my last question. Everyone's answers will be combined to give us information about the health practices of people in Massachusetts. Thank you very much for your time and cooperation.

## Language Indicator

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### [INTERVIEWER: DO NOT READ THIS TO RESPONDENT]

**Lang1.** In what language was this interview completed?

Lang	1	English
	2	Spanish
	3	Portuguese

## List of Health Problems to Accompany Module 10, Question 3

---

**[DO NOT READ]**

### **Lung Problems**

- Acute Respiratory Distress Syndrome (ARDS)
- Bronchiectasis
- Bronchopulmonary Dysplasia
- Chronic Obstructive Pulmonary Disease (COPD)
- Cystic Fibrosis
- Emphysema
- Lymphangioleiomyomatosis (LAM)
- Pulmonary Arterial Hypertension
- Sarcoidosis

### **Kidney Problems**

- Chronic Kidney Disease
- Cystitis
- Cystocele (Fallen Bladder)
- Cysts
- Ectopic Kidney
- End-Stage Renal Disease (ESRD)
- Glomerular Diseases
- Interstitial Cystitis
- Kidney Failure
- Kidney Stones
- Nephrotic Syndrome
- Polycystic Kidney Disease
- Pyelonephritis (Kidney Infection)
- Renal Artery Stenosis
- Renal Osteodystrophy
- Renal Tubular Acidosis

### **Anemia**

- Anemia
- Aplastic Anemia
- Fanconi Anemia
- Iron Deficiency Anemia
- Pernicious Anemia
- Sickle Cell Anemia
- Thalassemia

**Causes of Weak Immune System**

- Cancer
- Chemotherapy
- HIV/AIDS
- Rheumatoid Arthritis
- Steroids
- Systemic lupus erythmatosus (SLE)
- Transplant Medicines